

FILED SEP 6 1945

Registration District No. 208

Primary Registration District No. 4320

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Palmyra

(c) Name of hospital or institution: 423 S. Main
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 54 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Palmyra
(If outside city or town limits, write "RURAL")

(d) Street No. 423 S. Main
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary Logan Lauck

(b) If veteran, name war No.

(c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1945 hour 1 minute 35 M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 17 years 1867 (Year)

7. Birth date of deceased April 17 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 12 1945
to Aug 14 1945

that I last saw him alive on Aug 14 1945
and that death occurred on the day and hour stated above.

8. AGE: Years 78 Months 4 Days 2
If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis Duration 2 yrs

9. Birthplace Palmyra Missouri
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation At Home

11. Industry or business _____

Major findings: Of operations 938

Of autopsy _____

MOTHER FATHER { 12. Name Cornelius Lauck

13. Birthplace Winchester Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Logan

15. Birthplace Parkersburg W. Virginia
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Olive Seyffer

(b) Address Palmyra, Mo.

17. (a) Burial (b) Date thereof 8/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Greenwood Cemetery
Lewis's Road

18. (a) Signature of funeral director Palmyra, Missouri

(b) Address _____

19. (a) 8-22-45 (b) Lucille Boone
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) _____ (c) Means of injury _____

23. Signature J. D. Ruelle (M. D. or other) _____
Address Palmyra, Mo. Date signed 8-19-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4
2
6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert Lewis

Licensed Embalmer No. 7382

P. O. Address Salmon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.