

No. 2
-5-43
5-17-39
I X36671

State File No.

FILED NOV 26 1945
Registration District No.

Primary Registration District No. 3016

Registrar's No. 253

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Prison Hospital 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mo. 8 days
(Specify whether in this community 10 yrs 10 mo 24 days years, months or days)

3. (a) PRINT FULL NAME George Lauman #46115

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown

7. Birth date of deceased August 3 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	3	10hr.min.

9. Birthplace Unknown Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Printer-Mechanic

11. Industry or business

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Jeff. City, Missouri

17. (a) Removal (b) Date thereof 11/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springville, Mo.

18. (a) Signature of funeral director Dale Thompson

(b) Address Jeff. City

19. (a) 11-15-45 (b) R.P. Davis, Md.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 26

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 4

(d) Street No. Unknown (If rural, give location) 0

(e) Citizen of foreign country? Russia (Yes or No) 0
If yes, name country Russia

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15th
year 1945 hour 6:40 minute P M.

21. I hereby certify that I attended the deceased from April 5th, 1945 to November 13, 1945
that I last saw h. im alive on November 13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Tuberculosis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations in 130

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? no
(City or town) (County) (State)

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

While at work? (Specify type of place) (c) Means of injury 0

23. Signature W. O. McHenry (M. D. or other)

Address Supt. Prison Hospital Jefferson City Mo. Date signed 11-13-45

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

MOTHER FATHER

1751

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 11-23-45

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

Leopoldo Quella

Licensed Embalmer No.

4321

P. O. Address

Jefferson City, 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.