

FILED MAR 13 1946

Registration District No. **324**

Primary Registration District No. **3072**

Registrar's No. **30**

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Marshall Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Putnam Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 mo. 4 da
(Specify whether years, months or days)
 In this community 25 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Saline 97
 (c) City or town Marshall
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Fred W. LAUER
3. (b) If veteran, _____ **3. (c) Social Security** _____
 name war _____ No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 8
 year 1946 hour 7 minute 20 M.
21. I hereby certify that I attended the deceased from Oct.
1945 to 2-8- 1946
 that I last saw him alive on 2-7- 1946
 and that death occurred on the date and hour stated above.

4. Sex male **5. Color or race** white **6. (a) Single, widowed, married,** divorced 3
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
 alive _____ years

Immediate cause of death _____ **Duration** _____
Carcinoma of liver 2 yrs.
with carcinoma of
prostate gland 1 yr.

7. Birth date of deceased. Sept. 20 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____
12. Name Richard Bauer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Strasser
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: No
 Of operations _____
 Of autopsy _____

16. (a) Informant Arthur Lauer
(b) Address Beaconsfield, Mo
17. (a) Burial Walnut Grove Cem
(Burial, cremation, or removal) **(b) Date thereof** Feb 16 46
(Month) (Day) (Year)
(c) Place: burial or cremation _____

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?
 while at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Woodman Tholl
(b) Address Beaconsfield Mo
19. (a) 2-8-46 **(b) Mrs. I. Woodcock**
(Date received local registrar) (Registrar's signature)

23. Signature A. C. Putnam (M. D. oncologist)
Address Marshall Mo **Date signed** 2-8-46

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

MOTHER FATHER

294

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3 12 46

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.