S. No. 2
M—2-43
. 5-17-39
1 X35697

8-2-46.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24384

State File No. 67

FILED JUL 12 1946

Registration District No. 224

Primary Registration District No. 3046

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau CO.

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

(c) Name of hospital or institution: 205 West Buchanan 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town California, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 205 West Buchanan 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Willard A. Laue

3. (b) If veteran, name war No

3. (c) Social Security No. 495.12.1572

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Letha Laue

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased March (Month) 10 (Day) 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	3	24	hr. min.

9. Birthplace Moniteau Co (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Machenist & Welder

11. Industry or business

FATHER
12. Name James J. Laue 0
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Pearlie Copas
15. Birthplace Coper Co (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs W. A. Laue
(b) Address California Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July, 6. 1946 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemt, California

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.

19. (a) 7-5-46 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1946 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from July 4, 1946 to July 4, 1946 that I last saw him alive on July 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Colonsy Throm

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) D.O.

Address California Date signed 7/5/46

202

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-11-46

AUG 2 1946

AUG 12 1946

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 Me

.....; Registered Apprentice No.....,

working under my personal supervision.

Signed Earl R. Donlin

Licensed Embalmer No. 2126

P. O. Address Salisbury 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.