

FILED SEP 11 1946 STANDARD CERTIFICATE OF DEATH

26765

State File No. _____

Registration District No. 104

Primary Registration District No. 5418

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Rural Cottonhill Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 1/2 Miles South of Malden 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
(Specify whether
 In this community All of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35
 (c) City or town Rural Cottonhill Twp. 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 2 1/2 Miles So. of Malden (1)
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Howard Launius

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

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

7. Birth date of deceased June 25 1934
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>12</u>	<u>2</u>	<u>5</u>	<u>---</u> hr. <u>---</u> min.

9. Birthplace Malden Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business None

12. Name Emary L. Launius

13. Birthplace Stonefort Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Eivia Williams

15. Birthplace Gibson Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Emary Launius

(b) Address Rt. 1 Malden, Mo.

17. (a) Burial (b) Date thereof 9-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Cemetery

18. (a) Signature of funeral director Day Funeral Home

(b) Address Malden, Mo.

19. (a) 9-3-46 (b) J. S. Selman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
 year 1946 hour 1 minute 15 P.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. im alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Broken Neck
Fractured Skull

Due to Unavoidable Accident,
Automobile

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) accident 35

(b) Date of occurrence August 30, 1946

(c) Where did injury occur? Malden Dunklin Mo.
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury 3

23. Signature Walter A. Hubert (M. D.)

Address Keunett mo Date signed 8-30-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

1700-8
25

Auto Coll. with Bicycle

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

MOTHER FATHER

44

87

RECEIVED

District Health Office No. 2,

District File Number 946-1083

Date Filed 9-9-46

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

J. G. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.