No. 3
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 1 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

30559

State File No.

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 317

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery 14
(c) City or town Jonesburg 1
(If outside city or town limits, write "RURAL") 2
(d) Street No.
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Adolph Lautenschlager
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Sarah Lautenschlager
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 27, 1888 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	0	10	hr. min.

9. Birthplace Montgomery County, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Charles F. Lautenschlager
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amanda Whillmen
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant State Hospital Records
(b) Address Fulton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation Rhineland, Mo.
18. (a) Signature of funeral director Carlton Baker
(b) Address American
19. (a) 9-9-1947 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6
year 1947 hour 7 minute 45 A. M.
21. I hereby certify that I attended the deceased from August 16, 1947 to September 6, 1947;
that I last saw him alive on September 6, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemmorrhage	
Due to	
Due to	
Other conditions Cerebral Arterioschlerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 0
23. Signature G. S. Waraich (M. D. or other)
Address Fulton, Mo Date signed 6 Sept 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 D.B.Baker, Registered Apprentice No. , working under my personal supervision.

Signed D. B. Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.