S. No. 2
OM—2-43
v. 5-17-39
I X35537

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30875

Registration District No. 118 Primary Registration District No. 5441 Registrar's No. 65

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Rural Third Creek Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 65 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Bland Route 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Caroline Laubert

3. (b) If veteran, name war 4

3. (c) Social Security No. 4

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Wm. Laubert, Sr.

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

7. Birth date of deceased August (Month) 16 (Day) 1863 (Year)

8. AGE: Years 84 Months 0 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Simon Nolting

13. Birthplace Lippe Detmold (City or foreign country) Germany (State or foreign country)

14. Maiden name Caroline Schneiderwind

15. Birthplace Lippe Detmold (City, town, or county) Germany (State or foreign country)

16. (a) Informant John Laubert

(b) Address Bland, Mo. Route 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Laubert Cemetery

18. (a) Signature of funeral director Milford H. H. Winter

(b) Address Owensville, Mo.

19. (a) Sept. 11, 1947 (Date received local registrar) (b) Dorothy Hackman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 7 year 1947 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan. 28 1946 to Sept 6 1947 that I last saw h. alive on Sept 6 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach — Duration
Hypertension.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46B

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)

(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

23. Signature S. H. Bradley (M. D. or other) M.D.

Address Owensville Mo. Date signed 9-8-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
SEP 18 1947
Date Filed

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 Harvey Kahle, Registered Apprentice No. 9, working under my personal supervision.

Signed Mefford Winter

Licensed Embalmer No. 3835

P. O. Address Queensdale 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.