

No. 2
-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34153

State File No. _____

Registration District No. 114

Primary Registration District No. 4186

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan

(c) Name of hospital or institution: Northside Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 Day
(If not in hospital or institution, write street number or location)

In this community Lifetime
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin 36

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

(d) Street No. Rt. # L Sullivan, Mo.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Fred Henry Laugeman

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov. 25 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>10</u>	<u>11</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Henry Laugeman

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louise Brinkman
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. Hy. Laugerman Jr.

(b) Address Rt. 1 Sullivan, Mo.

17. (a) Burial (b) Date thereof 10/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. of F. Sullivan, Mo.

18. (a) Signature of funeral director W. S. Stoffer

(b) Address 65 N. Clark Ave Sullivan, Mo.

19. (a) 10-8-47 (b) C. Brastar
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1947 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 10 1947 to Oct 6 1947
that I last saw him alive on Oct 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Duration 5 hrs.

Due to _____

Due to _____

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

Major findings:
Of operations 183 B

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 (1)

23. Signature C. Brastar (M. D. or other) _____

Address Sullivan Mo Date signed 10/9/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed OCT 16 1947

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..... *Robert M Murray*

Licensed Embalmer No. *3749*

P. O. Address *Sullivan, 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.