

FILED DEC 3 1947

Registration District No. 776

Primary Registration District No. 3020

Registrar's No. 152

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

**1. PLACE OF DEATH:**  
 (a) County Franklin  
 (b) City or town Washington, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St Francis Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 20 Hours  
(Specify whether years, months or days)  
 In this community all her life

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Franklin 36  
 (c) City or town Union, Missouri 5  
(If outside city or town limits, write "RURAL") 0  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No) 0  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Catherine Lause  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W  
 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 Jan 11 1872  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 16  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Union, Missouri 0  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Invalid

11. Industry or business \_\_\_\_\_  
 12. Name Mr Mathis 4  
 13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Clara Voss 4  
 15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Martin Lause  
 (b) Address Union, Missouri  
 17. (a) Burial (b) Date thereof Nov. 29, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Immaculate Conception Church Cemetery  
 18. (a) Signature of funeral director Union Funeral Home  
 (b) Address Union, Missouri

19. (a) NOV 28 1947 (b) [Signature]  
(Date received local Registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 27  
 year 1947 hour 3 minute 45 AM.  
 21. I hereby certify that I attended the deceased from 11-23 1947 to 11-27 1947  
 that I last saw h. ER alive on 11-26 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
 Due to arterio sclerotic Cardio Vasculer Disease  
 Due to \_\_\_\_\_

Duration 4 days

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations [Signature]  
 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 0  
 23. Signature B. A. Stehman (M. D. or other) M.D.  
 Address Union, Mo Date signed 11-28-47

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed DEC 2 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.....

*Harlan H. Johamaker*  
working under my personal supervision.

Registered Apprentice No. *474*

Signed.....



Licensed Embalmer No. *2464*

P. O. Address *Washington 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.