

S. No. 2
M-5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30799

State File No.

FILED OCT 13 1944

Registration District No.

Primary Registration District No. 3017

Registrar's No. 111

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town BOONVILLE MISSOURI
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
RAVENSWAY HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours
(Specify whether)

In this community...
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONTEAU 61
5419

(c) City or town RURAL - 214 TOWNSHIP 0
(If outside city or town limits, write "RURAL.")

(d) Street No. LUPUS RURAL.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME LOPEN LEROY KAUTSCH

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 SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased 10 - 18 1942
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
1	11	2	hr. min.

9. Birthplace LUPUS MISSOURI 0
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business

MOTHER FATHER

12. Name WALTER KAUTSCH

13. Birthplace LOHMAN MISSOURI 0
(City, town, or county) (State or foreign country)

14. Maiden name DIANA POTTER

15. Birthplace LUPUS MISSOURI 0
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Kautsch

(b) Address Lupus Mo.

17. (a) BURIAL (b) Date thereof 9-22-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT ZION CEMO

18. (a) Signature of funeral director C. Albert Hornbeck

(b) Address Prairie Home Mo

19. (a) Sept-20-44 (b) Dr Chas. Sulap
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day September
year 1944 hour 10 minute P M.

21. I hereby certify that I attended the deceased from 20 Sept
19 to 20 Sept 1944;
that I last saw him alive on 20 Sept 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death
Severe lacerations of trunk
just below the third degree
scalding

Due to Scalding

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) Accident 022

(b) Date of occurrence Sept 29 1944

(c) Where did injury occur? at home Prairie Home Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm at open air

While at work? No (Specify type of place) (e) Means of injury falling

23. Signature M. Kautsch
Address Boonville Mo Date signed 9.21.44

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

21 1088

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 8₁

Date Filed: 10-16-44

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 *C. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Princeton, 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.