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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11389

State File No.

Registration District No. 571 Primary Registration District No. 4335 Registrar's No. 18

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

8
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1

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Sanitorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community All his Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town California Mo 068
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William August Borck Lains
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
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 June (Month) 22 (Day) 1868 (Year)
8. AGE: Years 73 Months 8 Days 28 If less than one day hr. min.
9. Birthplace Moniteau (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Louis Borck Lains
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Caroline Backer
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Albert Borck Lains
(b) Address California Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/42 (Month) (Day) (Year)
(c) Place: burial or cremation Emanuel Cem
18. (a) Signature of funeral director Williams & Freeman
(b) Address California Mo
19. (a) 3-22-42 (Date received local registrar) (b) Mrs. James Roth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1942 hour 12:00 minute Noon A.M.
21. I hereby certify that I attended the deceased from March 18, 1942 to March 20, 1942 that I last saw him alive on March 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of glands of the neck	4 yrs
Due to:	
Due to: 552	
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)
(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 L. L. Latham (M. D. or other)
Address California, Mo. Date signed 3/22/42

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(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address. California Me

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.