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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24464

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 217

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ind. Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Six Weeks (Specify whether years, months or days)
In this community at home 2 yrs plus

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Sibley R.RT No.1.
(If outside city or town limits, write "RURAL")
(d) Street No. West of Buckner 3 Mi. North 1½ Mi
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country xx

3. (a) PRINT FULL NAME Lawrence Wayne Multhaup
3. (b) If veteran, name war no
3. (c) Social Security No. x
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased September 14 1944 (Month) (Day) (Year)
8. AGE: Years 2 Months 9 Days 19 If less than one day hr. min.
9. Birthplace Independence Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Babe at home
11. Industry or business x
FATHER 12. Name Wilbert Multhaup
13. Birthplace Napoleon Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Gertrude Ahring
15. Birthplace Sibley, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Gertrude Multhaup
(b) Address Sibley, Mo. Rt. No.1.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5/47 (Month) (Day) (Year)
(c) Place: burial or cremation Buckner Hill Cem.
18. (a) Signature of funeral director W. M. Rickport
(b) Address Buckner Missouri
19. (a) 7-5-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day ~~3rd~~ 2nd. year 1947 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 23, 1947, to July 2, 1947 that I last saw him alive on July 2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephrosis — acute	42 day
Due to Idiopathic	
Due to	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operation No operation
Of autopsy No 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

23. Signature [signature] (M. D. or other)
Address Independence Mo Date signed 7/7/47

(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 V. M. Reppert

Licensed Embalmer No. 2321

P. O. Address Buckner, 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.