

Registration District No. **262**

Primary Registration District No. **5364**

Registrar's No.

1. PLACE OF DEATH:

(a) County **DeKalb**
(b) City or town **Rural DeKalb**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **36 yrs.** years, months or days _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **DeKalb**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **28**
year **1940** hour **5** minute **40 P.** M.
21. I hereby certify that I attended the deceased from **May**
1940 to **Oct 28** 19**40**
that I last saw him alive on **Oct 28** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer Liver**
Due to _____
Due to **4/10**
Other conditions (Include pregnancy within 3 months of death) _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **BENJAMIN F. LAFFOON**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mary Edna Laffoon** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 21, 1872**
(Month) (Day) (Year)

8. AGE: Years **68** Months **6** Days **7** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **George Laffoon**

13. Birthplace **Stewartville Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Saunders**

15. Birthplace **Stewartville, Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ledner Laffoon**

(b) Address **Union St. Mo.**

17. (a) _____ (b) Date thereof **Oct. 30, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union St. Mo.**

18. (a) Signature of funeral director **Lucile M. Wilson**

(b) Address **King City, Mo.**

19. (a) **10-29-40** (b) **E. M. Reynolds**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____

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?
237 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **E. M. Reynolds** (M. D. or other) _____
Address **Union St. Mo.** Date signed **10/29/40**

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

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 *Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address *King City, 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, above space should be left blank.