

No. 2
-1-4-41
5-17-39
I X26390

FILED JAN 19 1945
Registration District No. 99

Primary Registration District No. 5378

State File No. _____
Registrar's No. 253

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

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Rural Polk
(c) Name of hospital or institution Just
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County DeKalb
(c) City or town Rural
(d) Street No. 1/2 mile East of Union St., Mo.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS RILAND LAFFOON
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month DEC., day 28
year 1944 hour 8 minute 00 A., M.
21. I hereby certify that I attended the deceased from _____ 19____;
I viewed the body _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Jan 25, 1874
(Month) (Day) (Year)
8. AGE: Years 70 Months 11 Days 3 If less than one day hr. min.

Immediate cause of death: CHRONIC MYOCARDITIS
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy none

9. Birthplace Stewartville Mo.
10. Usual occupation Farmer
11. Industry or business _____
12. Name George Laffoon
13. Birthplace unknown
14. Maiden name Martha Saunders
15. Birthplace unknown
16. (a) Informant Raymond Laffoon
(b) Address Union St., Mo.
17. (a) Burial (b) Date thereof Dec. 30, 1944
(c) Place: burial or cremation Union St., Mo.
18. (a) Signature of funeral director Lucile M. Wilson
(b) Address King City, Mo.
19. (a) Jan 22 1945 (b) John Clark
(Date received local registrar) (Registrar's signature)

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) _____ (Means of injury)
23. Signature Father E. Rockwood (M. D. or other) No.
Address Union St., Mo. Date signed _____

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

1378

Crowder & DeKalb County

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..... *Kearney 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, fact should be so stated above.