

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEATH NOV 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

34972  
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew, Registration District No. 13  
(b) Township..... Primary Registration District No. 4010 Registered No.....  
(c) City Savannah, (d) Street No. Dr. Nichols Sanitorium St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Laizure,

(a) Residence, No. .... St.  St. Paul, Kansas,  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Laizure,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
66 8 10 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer,  
9. Industry or business in which work was done, as saw mill, bank, etc. Farm,  
10. Date deceased last worked at this occupation (month and year) October 1938. 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ohio,

13. NAME J. T. Laizure

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) Mrs Roy Dingman, Cartersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville, Mo. DATE Oct. 9th. 1938

19. FUNERAL DIRECTOR (ADDRESS) Frank A. Bowman, Savannah, Mo.

20. FILED Oct. 8, 1938 Mrs A R King Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1938, to Oct 8, 1938, 19

I last saw him alive on Oct. 8, 1938 Death is said to have occurred on the date stated above, at 12/30 PM

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset 10/9/38  
94  
7.

Other contributory causes of importance: Arterial Sclerosis

Name of operation None Date of No  
What test confirmed diagnosis Physical Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify S. E. Matheny, M. D.  
(Signed) Savannah, Mo (Address)

STATEMENT BY LICENSED EMBALMER

*W. E. Summerfield*

Licensed Embalmer No. *3007*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *myself* *Oct. 8, 1938*

L. E.

No.  or by  Registered Apprentice No. *—*

working under my personal supervision.

Signed *W. E. Summerfield*

Licensed Embalmer No. *3007*

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.)