LEC DEC 13 1938

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

Do not use this space. 38638

1. PLACE OF DEATH

(a) County Buchanan 2 Registration District No. 85

(b) Township 1 Primary Registration District No. 1001 Registered No. 1148

(c) City St. Joseph (d) Street No. 1610 North 12th. St. 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 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 150 William Henry Lafon

(a) Residence, No. 1610 North 12th. St. St.
(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: Pearl Lafon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 30, 1873

7. AGE: YEARS 65 MONTHS 6 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew County Missouri

FATHER
13. NAME: William Lafon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew County Missouri

MOTHER
15. MAIDEN NAME: Lydia Sayers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Virginia

17. INFORMANT (ADDRESS): Mrs. Pearl Lafon 1610 No. 12th. St. St. Jos. Mo.

18. BURIAL, CREMATION, OR REMOVAL: Cosby, Mo.
PLACE Bethel Cemetery DATE Nov. 19, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Walter Meierhoffer 1302 Faraon St. St. Jos. Mo.

20. FILED Nov 19, 1938 H. J. Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1938, to Nov 17, 1938
I last saw him alive on Nov 17, 1938. Death is said to have occurred on the date stated above, at 5:55 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	1938

Other contributory causes of importance:
Arteriosclerosis
Interstitial nephritis chronic

Name of operation: none Date of
What test confirmed diagnosis: Symptoms 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
(Signed) J. R. Elliott, M. D.
(Address) 801½ Francis St.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X14028

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, Wilbur H. Kelly, or by _____,

Registered Apprentice No._____, working under my personal supervision.

Signed W. H. Kelly

Licensed Embalmer No. Mo. 6946

P. O. Address 1302 Frazier St., St. Joe, 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.