

REC'D MAR 17 1939
Then clay

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

7962
Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 821 1070
(b) Township Richland Primary Registration District No. 4553
(c) City Sikeston Mo. Rfd #1 (d) Street No. _____ 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
236 Jimmie Lewis Laster
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18th, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. -
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) Sikeston Rfd #1 Mo.

FATHER 13. NAME Louis L. Laster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shreveport La.

MOTHER 15. MAIDEN NAME Nota M. Hixon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickson Tenn.

17. INFORMANT Louis L. Laster
(ADDRESS) Rfd. # 1 Sikeston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Matthews Mo. DATE 1 - 26 1939

19. FUNERAL DIRECTOR (NAME) Albritton Undertaking Co.
(ADDRESS) Sikeston Mo.

20. FILED B-3 1939 W. H. P. Smith
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1939, to Jan 25, 1939.
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above at 12:40 pm.

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

prematurity
and congenital
Other contributory causes of importance: 159

Name of operation _____ Date of _____
What test confirmed diagnosis? Phthial Was there an autopsy? _____

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?
If so, specify _____
(Signed) Howard M. Kudy, M. D.
(Address) Sikeston Mo.

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.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.