

REC'D APR 7 1939

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

11250
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 427
(b) Township Madison Primary Registration District No. 4253
(c) City Holden or _____
(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 68 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1869

7. AGE YEARS 69 MONTHS 9 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) Quincy (STATE OR COUNTRY) Illinois

13. NAME William Lapish

14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) _____

15. MAIDEN NAME Dorothy Dixon

16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Robert Lapish
Holden Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Halden Cemetery DATE Mar 15 1939

19. FUNERAL DIRECTOR (NAME) T.W. Goodman (ADDRESS) Holden Missouri

20. FILED Mar 14 1939 Mrs B.V. Redford
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1939, to Mar 13 1939

I last saw him alive on Mar 11 1939. Death is said to have occurred on the date stated above, at 12:15 P.m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Cardiac Decompensation
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Walter Rawlins, M. D.
(Address) Holden Mo

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

MARK IN RESERVED FOR BINDING

V. S. NO. 2
50M-9-103a
I X16605

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 W Goodman

Licensed Embalmer No. 2424

P. O. Address Holden 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.