REC'D MAY 19 1939

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

14345
Do not use this space.

3 / 85

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 1001 — Registered No. 503
(b) Township or City Washington — Primary Registration District No.
(c) St. Joseph- Missouri (d) Street No. Several Hundred Feet N. of Free Bridge 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 57 yrs. ? mos. ? ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

140

2. PRINT FULL NAME John Joseph Lavelle
(a) Residence, No. 615 S.6th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 4,1882.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	4	?	

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

12. BIRTHPLACE (CITY OR TOWN) St.Joseph 0
(STATE OR COUNTRY) Missouri.

FATHER
13. NAME Thomas Lavelle 4
14. BIRTHPLACE (CITY OR TOWN) Unknown 0
(STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Catherine McDonald
16. BIRTHPLACE (CITY OR TOWN) St.Joseph
(STATE OR COUNTRY) Missouri.

17. INFORMANT A.J.Lavelle
(ADDRESS) 1319 S.24th.Str.St.Joseph,Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt.Olivet Cemt.
PLACE St.Joseph,Mo. DATE May 18, 1939

19. FUNERAL DIRECTOR (NAME) H.O.Sidenfaden & Son
(ADDRESS) 1802 Union Stn.St.Joseph,Mo.

20. FILED May 18, 1939 H. Westbrook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) About May 8, 1939

22. I HEREBY CERTIFY, That I ~~attended~~ Viewed deceased from ....., 19....., to May 17, 1939

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ? m.

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

	Date of onset
Accidental Drowning	
Other contributory causes of importance:	

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Unk, 1939
Where did injury occur? Missouri River
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Drowning
Nature of injury -------

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) B.W. Tadlock Coroner, M. D.
85 (Address) King Hill Bldg!

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

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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. Albert L. Harrington

Licensed Embalmer No. 3258.

P. O: Address 1802 Union Str. St. Jose
Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.