DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34849

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 3824

NOV 14 1939

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K. C. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether years, months or days)

In this community —

USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 3003 Cypress (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Forest Paul Lamoreaux 5600

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased Jan. (Month) 15 (Day) 1893 (Year)

8. AGE: Years 46 | Months 8 | Days 17 | If less than one day ___ hr. ___ min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Musician

11. Industry or business " "

FATHER
12. Name Clarence Lamoreaux
13. Birthplace Mason City, Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Huldah Lamoreaux
15. Birthplace Greenview Ill. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ruth Lamoreaux

(b) Address 3003 Cypress

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2nd 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director Kettlerlin Funeral Home

(b) Address K C Mo

19. (a) 10/3/39 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2nd year 1939 hour 4 minute 45 p. M.

21. I hereby certify that I attended the deceased from Oct 2nd, 1939, to Oct 2nd, 1939 that I last saw him alive on Oct 2nd, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	2 hrs
Due to 82	
Due to	
Other conditions X (Include pregnancy within 3 months of death)	
Major findings: Of operations X	
Of autopsy X	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence X

(c) Where did injury occur? X (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) X

While at work? X (e) Means of injury X

23. Signature Nicolás Jaime (M. D. or other)

Address 2045 Broadway Date signed 10/3/39

(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.

WHITE PERMIT—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19511

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 ~~only~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Wm L Ward

Licensed Embalmer No. 3991

P. O. Address 5725 Virginia

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

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