

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

2141
 Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 213
 (b) Township Jefferson Primary Registration District No. 3014 Registered No. 110
 (c) City Jefferson (d) Street No. 605 East Dunbar 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. 605 East Dunbar 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 male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. child

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) Jefferson city Mo.

13. NAME Laverence Stapleton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Franklin Mo.

15. MAIDEN NAME Alice Lee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson city Mo.

17. INFORMANT (ADDRESS) Laverence Stapleton Jefferson city

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 1/4/40 19.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tanner Service Jefferson city Mo.

20. FILED 1/5 1940 Dunbar M.D. local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/2/40, 1940, to 1/4/40, 1940

I last saw him alive on 1/4/40, 1940. Death is said to have occurred on the date stated above, at 6:20 m.

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

Unknown

Date of onset

Other contributory causes of importance:

Unknown

Name of operation none Date of 5

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?

If so, specify (Signed) J. D. Paigley, M. D.

(Address) Jefferson City

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.