

APR 22 1940

S. No. 2
-11-10-39
7. 5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10917

Registration District No. 309

Primary Registration District No. H185

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Gentry

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

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 73 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME George William Lainhart

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ida B. DeVorssos 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug. 8 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation retail hardware

11. Industry or business hardware store

12. Name William T. Lainhart

13. Birthplace Unknown Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Ella Gillespie

15. Birthplace Albany Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G.W. Lainhart

(b) Address Albany, Mo.

17. (a) Highland (b) Date thereof Mar. 17, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Clifford Burke

(b) Address Albany, Mo

19. (a) Mar. 16, 1940 (b) W. J. Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

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

(d) Street No. 0 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1940 hour I minute 30 A. M.

21. I hereby certify that I attended the deceased from April, 1938, to March, 1940; that I last saw him alive on 3-14-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 4 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence _____

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Frank H. Rose (M. D. or other) M.D.

Address Albany Mo. Date signed 3-15-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

38
1
0

RECEIVED
District Health Officer No. 11,
District File Number 440-488
Date Filed APR 10 1940

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed *Charles B. ...*
Licensed Embalmer No. 3329

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.