

THUR JUN 22 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18244

State File No. _____

Dr. Hill

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
411 302 East High Street 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 66 years
years, months or days)

3. (a) PRINT FULL NAME Prosper LePage 120

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Maud LePage 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 16 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>2</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation Justice of the Peace

11. Industry or business _____

12. Name Prosper LePage

13. Birthplace Lamons, France
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ross

15. Birthplace Jeffersonville, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Henry G. LePage

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof June-7-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Wm. J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 6/8/40 (b) D. B. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 411 Madison Street
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1940 hour 11:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from June 3 1940, to June 3 1940
that I last saw him alive on June 4 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Sudden death

Duration
29m

Due to _____

Due to _____

Other conditions 92H
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations: _____

Of autopsy _____

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) no

(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? no

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

23. Signature Gas A. Hill (M. D. or other) _____

Address Jefferson City, Mo Date signed 6/6/40

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

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

Joseph J. Gordon
.....
Licensed Embalmer No. *1786*
.....
P. O. Address *1000*
.....

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.