

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22058
Registrar's No. 80

Registration District No. 43157

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution g
(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)

3. (a) PRINT FULL NAME Susan Elizabeth Lapsley
3. (b) If veteran, name war _____ 3. (c) Social Security No. No

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Shos Lapsley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 5 1851
(Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____
12. Name Abram F. Lapsley
13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Young
15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dorothy Hollings
(b) Address Warrensburg, Mo

17. (a) Burial (b) Date thereof June 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg

18. (a) Signature of funeral director Wm. Phillips
(b) Address Warrensburg, Mo

19. (a) June 12 1940 (b) Eva Bentley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June - day 8
year 1940 hour 8 minute 55 P. M.

21. I hereby certify that I attended the deceased from April 19-40, 1940 to June 8, 1940
that I last saw h. sr alive on April 19-40, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 2 months
Due to arteriosclerosis

Due to \$212
Other conditions _____ (include pregnancy within 3 months of death)

Major findings: Of operations no operations
Of autopsy no
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) _____
(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 Wm R Patterson (M. D. or other) _____
Address Warrensburg, Mo Date signed 6-10-40

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.

RECEIVED
District Health Officer No. 8,
1-16-11

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.....

Earl Priest, Registered Apprentice No.....
working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrenburg

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.