

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 189

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

1. PLACE OF DEATH:

(a) County Yernon

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

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

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Yernon

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

(d) Street No. 515 N. Oak
(If rural, give location)

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

3. (a) PRINT FULL NAME Susan LaGuire ²⁶⁰

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Max La Guire

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb 3, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>5</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Homemaker

11. Industry or business Home

12. Name John Wheatley

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

14. Maiden name Aurora Ditt

15. Birthplace Anderson Co. Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Max LaGuire

(b) Address 515 N Oak St

17. (a) Burial (b) Date thereof 7/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norton Cemetery

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

(b) Address Nevada Mo

19. (a) 8-1-40 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23, year 1940 hour 3: minute 00 A. M.

21. I hereby certify that I attended the deceased from July 22 to July 23, 1940 that I last saw her alive on July 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage ^{Duration July 22 1940.}

Due to Hypertension ^{Don't know}

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations § 21

Of autopsy _____

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? 795 ^(Specify type of place) (e) Means of injury _____

23. Signature W. H. ROE ^(If not other)

Address Nevada, Mo Date signed 7/30/40

RECEIVED

District Health Officer No. 7,

District File Number

8-40-1148

Date Filed

8-9-40

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, Personal

Registered Apprentice No.

working under my personal supervision.

Signed

Lloyd R. Winslow

Licensed Embalmer No.

3857

P. O. Address

Newada, Mo.

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.