

No. 2
4-12-40
-17-39
X23150

State File No. _____

SEP 25 1940

Registration District No. 805 Primary Registration District No. 6050 448 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Schuyler

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

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

(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 Schuyler

(c) City or town Lancaster Mo
(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.

3. (a) PRINT FULL NAME William Thomas Lasley

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1940 hour 11 minute 47 M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased April 28 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 4
1939 to July 30, 1940;
that I last saw him alive on July 30, 1940;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage

Due to High Blood pressure

Due to _____

9. Birthplace Schuyler Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation wood workman

Other conditions (Include pregnancy within 3 months of death) § 21

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Samuel Lasley

13. Birthplace Schuyler Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Titus

15. Birthplace Schuyler Co Mo
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant John Lasley

(b) Address Lancaster Mo

17. (a) Burial (b) Date thereof Aug. 5 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fabius Cemetery

18. (a) Signature of funeral director None heads

(b) Address Lancaster Mo

19. (a) Aug 5 1940 (b) Burdick Drake
(Date received local registrar) (Registrar's signature)

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 3

23. Signature R E Vaughn (M. D. or other) D. O.
Address Lancaster, Mo Date signed Aug 5 1940

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

8

RECEIVED
District Health Officer No. 10
District File Number 9-40-1711
Date Filed SEP 5 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.....

True & Minnie Morehead

....., Registered Apprentice No.

working under my personal supervision.

Signed

Morehead's

Licensed Embalmer No. 3731-3680

P. O. Address Lancaster 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, fact should be so stated above.