

FILED NOV 12 1940
2-6-1940

Registration District No. _____

Primary Registration District No. 5036

Registrar's No. 24

I. PLACE OF DEATH:

(a) County AUDRAIN
(b) City or town Rural - Saling Twp
(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) _____
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all of life
years, months or days)

3. (a) PRINT FULL NAME BRENDA HAYE Laforce
(b) If veteran, name war _____
(c) Social Security No. _____

4. Sex female 5. Color or race W
6. (b) Name of husband or wife _____ 6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 19 - 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____
MOTHER FATHER { 12. Name Estell Calland Laforce
13. Birthplace Boone Co Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nita Marie Van Spike
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Estell & Calland Laforce
(b) Address Clark, Mo.

17. (a) Burial (b) Date thereof Oct. 22 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Macedonia

18. (a) Signature of funeral director Barnes & Booth
(b) Address Sturgeon, Mo.

19. (a) Oct. 21 - 1940 (b) A. Booth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain
(c) City or town Rural - Saling Twp
(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 Oct day 21
year 1940 hour 11 minute 30 A.M.

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

Immediate cause of death Patient foramin
or other failure of heart Duration 24hrs
Due to _____

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
157C

Major findings:
Of operations _____
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? _____

(Specify type of place) _____
While at work? _____ (a) Means of Injury _____
28. Signature A. R. Williams (M. D. _____)
Address Clark, Mo. Date signed _____

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

RECEIVED

District Health Officer No. 10

District File Number 11-40-2034

Date Filed NOV 8 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 not

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

Signed R.E. Booth

Licensed Embalmer No. 4087

P. O. Address Sturgeon, 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.