

Registration District No. 727

Primary Registration District No. 4433

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ralls
 (b) City or town Perry, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Perry, Missouri
(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

8. (a) PRINT FULL NAME Sue B. LaFrance
 8. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife M. P. LaFrance 6. (c) Age of husband or wife if all deceased

7. Birth date of deceased December 31, 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 18 If less than one day
hr. min.

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

10. Usual occupation Housework

11. Industry or business Home

12. Name James Fagan

18. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Maddox

15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. LaFrance

(b) Address Perry, Mo.

17. (a) Burial (b) Date thereof Nov. 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lick Creek

18. (a) Signature of funeral director Clyde C. Wilkey

(b) Address Perry, Mo.

19. (a) 11/1/40 (b) Clyde C. Wilkey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
 (c) City or town Perry, Missouri
(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 29
 year 1940 hour 4 minute 08 P.M.

21. I hereby certify that I attended the deceased from 10-11-40
 _____, 19____, to 10-29-, 1940
 that I last saw her alive on 10-29-, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Enterocolitis

Due to Intestinal Influenza

Due to _____

Other conditions 11/1/40
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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?
54 (Specify type of place) _____
While at work? (c) Means of injury _____

23. Signature R. O. Suter (M. D. or other) _____

Address Perry, Mo Date signed 11/1/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer P.O. No.

District File Number 11-40-213

Date Filed NOV 11 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 _____

Registered Apprentice No. _____

working under my personal supervision.

Signed

Clyde C. Wilkey

Licensed Embalmer No.

3820

P. O. Address

Perry, W.

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.