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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38645

State File No. 4

Registration District No. 295 Primary Registration District No. 4179 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan
(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 Hours ~~years~~ — years, months or days) 5

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town St. Clair
(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 HOWARD LACK

3. (b) If veteran, name war NO

3. (c) Social Security No. 488-12-6009

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 26 (Day) 1919 (Year)

8. AGE: Years 21 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation Bottomer

11. Industry or business Shoe Factory

FATHER
12. Name Harry Lack
13. Birthplace Franklin Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Antonia Stricker
15. Birthplace Franklin Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Paul Lack

(b) Address St. Clair, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. (Month) 24 (Day) 1940 (Year)

(c) Place: burial or cremation St. Clair, Mo.

18. (a) Signature of funeral director Cosby & Lenox

(b) Address St. Clair, Mo.

19. (a) 11-23-40 (Date received local registrar) (b) C. A. Carlos (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 year 1940 hour 1:35 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Automobile Accident fractured Neck, Compound Basal fracture of Skull while riding as a passenger with Gordon Ward crashed into Telephone pole

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

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) accident

(b) Date of occurrence November 22, 1940

(c) Where did injury occur? County of Franklin (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Public Highway (Specify type of place)

While at work? no (e) Means of injury Auto accident

23. Signature Thos. P. Shoffer (M. D. or other) Coroner

Address Sullivan Mo Date signed 11/22

(Licensed Embalmer's Statement on Reverse Side)

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 W. M. Lenox

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.