

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 18 1940

Registration District No. **508**

Primary Registration District No. **3026**

Registrar's No. **155**

1. PLACE OF DEATH:

(a) County Livingston
 (b) City or town Chillicothe
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
#08 Wise St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether) 0
 In this community Life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
 (c) City or town Chillicothe
 (If outside city or town limits, write "RURAL")
 (d) Street No. 408 Wise
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
 year 1940 hour 5 minute 55 AM.
 21. I hereby certify that I attended the deceased from Nov
23, 1940, to Dec 6, 1940;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism
 Due to Appendicitis with perforation
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Grand peritonitis
Appendix markedly inflamed
Of autopsy
 Duration 1 hr 14
121

3. (a) PRINT FULL NAME Herman E. LaFever
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Wella B. LaFever 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased May 26 1893
 (Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Mgt. Produce House

11. Industry or business _____

MOTHER FATHER
 12. Name James LaFever
 13. Birthplace Genevieve Mo. 9
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ 9
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wella B. LaFever
 (b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof 12-10-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Chillicothe, Mo.

18. (a) Signature of funeral director James D. Gordon
 (b) Address Chillicothe, Mo.

19. (a) 12-10-40 (b) J. M. Trace, M.D.
 (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?
943
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature J. W. Baughman (M. D. or other) 1
 Address Chillicothe Date signed 12-10-40

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, or by.....

Donald F. Gordon

Registered Apprentice No. *223*

working under my personal supervision.

Signed

James D. Gordon

Licensed Embalmer No. *1870*

P. O. Address

Lehillicott, 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.