

No. 2  
4-13-40  
5-17-39  
I X23155

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41548  
State File No. 4941  
Registrar's No.

FILED JAN 8 1941  
Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County JACKSON  
(b) City or town Kansas City  
(c) Name of hospital or institution Merch Hosp  
(d) Length of stay: In hospital or institution 1  
In this community 1 years, months or days

3. (a) PRINT FULL NAME Lafferty Le Roy  
3. (b) If veteran, name war Quilt 3. (c) Social Security No.

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife Quilt 6. (c) Age of husband or wife if alive 17 years  
7. Birth date of deceased June 25 1940

8. AGE: Years 5 Months 30 Days 30 If less than one day hr. min.

9. Birthplace Kansas City Mo

10. Usual occupation None

11. Industry or business 1  
12. Name of father Joe W Lafferty  
13. Birthplace Kansas  
14. Maiden name Anna Dellinger  
15. Birthplace W. Va City

16. (a) Informant Joe W Lafferty  
(b) Address 5212 Schmitt  
17. (a) Burial (b) Date there 12/29/40  
(c) Place: burial or cremation Greenleaf

18. (a) Signature of funeral director W. C. M. Brown  
(b) Address K. C. Mo  
19. (a) 12-27-40 (b) M. W. Brown

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 5212 Schmitt  
(e) If foreign born, how long in U. S. A. 1 years.

20. DATE OF DEATH: Month Dec day 24 year 1940 hour 5 minute 20 P.M.  
21. I hereby certify that I attended the deceased from Dec 24 1940 to Dec 24 1940 that I last saw him alive on Dec 24 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pri Bronchopneumonia  
Due to pneumonia  
Other conditions 11/10

Major findings: Of operations P  
Of autopsy P

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? \_\_\_\_\_  
(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 \_\_\_\_\_  
23. Signature W B Loderberg (M. D. or other) 12/27/40  
Address 1716 Prof Bldg Date signed 12-27-40

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**