

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

JAN 25 1941 1940  
Registration District No. 197

Primary Registration District No. 5276

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Clay  
(b) City or town Rural - Claycomo Station  
(c) Name of hospital or institution: North 12<sup>th</sup> St. Claycomo Station - R. F. D. # 5  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 6 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clay  
(c) City or town Rural North Kansas City  
(d) Street No. Claycomo Station - R. F. D. # 5  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mr. James Thomas LaFever  
(b) If veteran, name war \_\_\_\_\_ (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 Mrs. Alma Jane LaFever 6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased February 28 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 9 11 hr. min.

9. Birthplace Huntington County Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Price LaFever

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Jane Miller

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

16. (a) Informant Alma LaFever  
(b) Address R. F. D. # 5 - NKC

17. (a) Burial (b) Date thereof 12-14-40  
(Burial, cremation, or removal) Floral Home Cemetery  
(c) Place: burial or cremation Kansas City, Missouri

18. (a) Signature of funeral director W. H. Newcomer's Sons  
(b) Address Kansas City, Missouri

19. (a) 12-11-40 (b) John S. Montan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 11th  
year 1940 hour 6 minute 55 A. M.  
21. I hereby certify that I attended the deceased from Jan 1939  
to Feb 1940

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Broncho-pneumonia  
Septic  
Atherosclerotic Heart

Other conditions (include pregnancy within 3 months of death)  
95 lb

Major findings: Of operations \_\_\_\_\_  
Of autopsy no

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?  
9103 (Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. H. Newcomer's Sons (M. D. or other) \_\_\_\_\_  
Address 100 Kansas City Mo Date signed Jan 11

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

MOTHER FATHER

Mail Room City  
2-6

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1-13-44

**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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address D.C. 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.**