No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FD JAN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42337

Registration District No. 254 Primary Registration District No. 5355 / Registrar's No. 20

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town R.F.D # Benton Tp
(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 years, months or days)
In this community 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Daviess
(c) City or town Rural R.F.D # Benton Tp
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Carroll Lasher
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F
5. Color or race W X
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 19 (Day) 1940 (Year)

8. AGE: Years X Months X Days 2 If less than one day hr. min.

9. Birthplace Daviess (City, town, or county) Mo (State or foreign country)
10. Usual occupation 0
11. Industry or business 0
MOTHER FATHER
12. Name Kenneth Lasher 0
13. Birthplace Daviess, Co (City, town, or county) Mo (State or foreign country)
14. Maiden name Dorothy Wigger
15. Birthplace Daviess, Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Kenneth Lasher
(b) Address R.F.D# Pattonsburg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21/1940 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Pattonsburg, Mo
18. (a) Signature of funeral director G S Bromer
(b) Address Pattonsburg, Mo.
19. (a) 12/21/40 (Date received local registrar) (b) G S Bromer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1940 hour 9 minute A.M.
21. I hereby certify that I attended the deceased from Dec 19 to Dec 20, 1940, to , 19 ; that I last saw her alive on Dec 20, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gangrene of Cord	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Dr Dorothea Dilley (M. D. or other)
Address Pattonsburg, Mo. Date signed

(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 G S Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.