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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42711

State File No. _____

FILED JAN 6 1941

Registration District No. 289

Primary Registration District No. 5335

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howell

(b) City or town "Rural" Howell Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
West Plains, Mo. Siloam Springs R.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No.
(Specify whether)

In this community 19 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town "Rural" West Plains,
(If outside city or town limits, write "RURAL")

(d) Street No. Siloam Springs Route.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME SARAH POLLY LaFEVER.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1940 hour 3: minute _____ P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry LaFever

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

7. Birth date of deceased: June 1, 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 3rd
1940, 19____, to Nov. 4th., 1940
that I last saw her alive on Nov. 4th., 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Angina Pectoris

Duration 36 hrs.

8. AGE: Years 61 Months 5 Days 3
If less than one day _____ hr. _____ min.

Due to Acute indigestion and high blood pressure.

Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

10. Usual occupation none

11. Industry or business _____

12. Name Samuel Sampler

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

14. Maiden name Catherine King

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

Major findings: None.

Of operations _____

Of autopsy None.

Underline the cause to which death should be charged statistically.

16. (a) Informant Clifford Carte

(b) Address West Plains, Mo. Siloam Route

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Nov. 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn Cemo West Plains, Mo.

(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? _____

18. (a) Signature of funeral director Hal Thornburgh

(b) Address West Plains, Mo.

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature Hal Thornburgh (M. D. or other) M.D.

Address West Plains, Mo. Date signed 11-11-1940

19. (a) 11-6-40 (b) Vida W. SIMONS
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 5,

District File Number 12461184

Date Filed _____

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

Hal Thomburg

Licensed Embalmer No. 3408

P.O. Address West Plains, 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.