

No. 2  
4-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **43195**

Registration District No. **556**

Primary Registration District No. **5751**

Registrar's No. **56**

1. PLACE OF DEATH:

(a) County Mueen  
(b) City or town Bruneton Mo.  
(c) Name of hospital or institution Parvanna City RFD3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community All his life (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Mueen  
(c) City or town Bruneton MO  
(If outside city or town limits, write "RURAL") RFD3  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. U.S.A. years.

3. (a) PRINT FULL NAME Stephen A. Laws

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. MO

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 10 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

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

12. Name Thomas Laws

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

14. Maiden name Mary Vaughn

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

16. (a) Informant Edda Laws

(b) Address Parvanna MO

17. (a) Buried (Burial, ~~removal~~) (b) Date thereof Nov. 29 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Atterburn Cove

18. (a) Signature of funeral director Paul Moss

(b) Address Trinidad MO

19. (a) 12/29-40 (Date received local registrar) (b) J. M. P. Kelly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1940 hour 11 minute AM

21. I hereby certify that I attended the deceased from Nov 11 1940 to Dec 11 1940 that I last saw him alive on Dec 11 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion, hour  
Due to Coronary occlusion  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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? 4 All

23. Signature J. M. P. Kelly (Specify type of place) (c) Means of injury \_\_\_\_\_  
Address Trinidad MO Date signed 12/29/40

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

MOTHER FATHER

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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Harold Moss

Licensed Embalmer No. 2634

P. O. Address Quinton, 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, fact should be so stated above.**