. S. No. 2
—11-10-39
v. 5-17-39
I X21492

98

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

44014

State File No.

Registration District No. 96 Primary Registration District No. 6051 Registrar's No.

1. PLACE OF DEATH:

(a) County Schuyler

(b) ~~City or town~~ Rural Prairie Tp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 11
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 66 years 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Rural Prairie
(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 Robert Franklin Lasley

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Idabelle Lasley

6. (c) Age of ~~husband~~ or wife if ~~alive~~ 66 years

7. Birth date of deceased Oct. (Month) 11 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	2	18	hr. min.

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

10. Usual occupation Farmer 0

11. Industry or business 0

FATHER
12. Name Samuel Lasley 0
13. Birthplace Schuyler Co (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Louisa Titus
15. Birthplace Schuyler Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Ethel Lasley
(b) Address Lancaster Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Arni Memorial

18. (a) Signature of funeral director Moreheads 7/8
(b) Address Lancaster Missouri 110

19. (a) Jan 2-41 (Date received local registrar) (b) Olive Jones deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1940 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 3, 1940, to Dec 26, 1940;
that I last saw h. alive on Dec 15, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to 93C	
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 ✓ 2

23. Signature R. E. Vaughn (M. D. or other) D.O.
Address Lancaster, Mo Date signed Dec 31, 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-41-76
Date Filed JAN 13 1941

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 True + Minnie Morehead, Registered Apprentice No. ....., working under my personal supervision.

Signed Moreheads'

Licensed Embalmer No. 3731-3680

P. O. Address Lancaster 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.