

STANDARD CERTIFICATE OF DEATH

Registration District No. 828

Primary Registration District No. 4501

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shelby
 (b) City or town Hammovell Mo. Jackson
 (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
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
 (c) City or town Hammovell Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MATTHEW THOMASSON LASLEY

8. (b) If veteran, name war: _____ 8. (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 Mary E. Lasley 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 7 18 66
 (Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John Lasley

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

14. Maiden name Nancy Jane Jozlar

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

16. (a) Informant Julpha Lasley Seward

(b) Address Alexandria, Nebraska

17. (a) Burial (Burial, cremation, or repositment) (b) Date thereof 4 1 1941 (Month) (Day) (Year)

(c) Place: burial or cremation 900 E. Main Hammovell Mo

18. (a) Signature of funeral director George Givan

(b) Address Hammovell Missouri

19. (a) May 2 1941 (Date received by local registrar) (b) Mrs. Lyell Lamberson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
 year 1941 hour 12 minute 10 a.m.

21. I hereby certify that I attended the deceased from April 13
 1941, to April 29, 1941

that I last saw him alive on April 27, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic poisoning

Duration

?

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? _____

750 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. A. Parker M.D. (M. D. or other) _____

Address Hammovell Mo Date signed 5-1-41

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

72
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132

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9
MAY 11 1954

RECEIVED

District Health Officer No. 10

District File Number 5-41-852

Date Filed MAY 8 1954

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, ~~on~~ by ME

....., Registered Apprentice No.
working under my personal supervision.

Signed George J. Givan

Licensed Embalmer No. 1754

P. O. Address Hammesville Rd

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 828

Primary Registration District No. 4501

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Hempfield Town
(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 _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Matthew Thomasson Lasley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 29
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)

Immediate cause of death Uremic Poisoning *Duration*

8. AGE: Years 75 Months 3 Days 22
If less than one day _____ hr _____ min.

Due to Chronic nephritis *Special*

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

Due to _____

10. Usual occupation _____

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

11. Industry or business _____

Major findings: _____

12. Name _____

Of operations _____

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

Of autopsy _____

14. Maiden name _____

Underline the cause to which death should be charged statistically.

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

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

16. (a) Informant _____

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

(b) Address _____

(b) Date of occurrence _____

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

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director _____

While at work? _____ (Specify type of place) (e) Means of injury _____

(b) Address _____

23. Signature R. P. Parker (M. D. or other) _____
Address Hempfield Mo Date signed 6-28-41

SUPPLEMENTAL COPY

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

ROWENA MOORE

