

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17960

Registration District No. 371

Primary Registration District No. 4219

Registrar's No. 62

4000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Hall

(b) City or town Maitland
(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 61 yrs
years, months or days

3. (a) PRINT FULL NAME James Lasell

3. (b) If veteran, name war none

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Jacqueline Denver Lasell 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 8 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Albany N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business General Farming

12. Name James Lasell

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

14. Maiden name Mary

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

16. (a) Informant Mrs. J. P. Christman

(b) Address Tarkio Mo.

17. (a) Removal (b) Date thereof May 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick Ia

18. (a) Signature of funeral director W. M. Davis

(b) Address Tarkio Mo.

19. (a) May 12-41 (b) Vern O. Stout
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hall Ia

(c) City or town Maitland 0
(If outside city or town limits, write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1941 hour 16 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 3 1941
_____, 19____, to May 10 1941
that I last saw him alive on 5-10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 7da

Due to _____

Due to 83 W

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? _____

332 (Specify type of place)
White at work? _____ (e) Means of injury 1 M W

23. Signature E. M. Lindley (M. D. or other) _____
Address Maitland Mo. Date signed _____

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.....

Licensed Embalmer No. *2394*

P. O. Address..... *Tarkenton, 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.