No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27861

FILED SEP 10 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No.

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1215 Fareon (Nursing Home)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 months (Specify whether years, months or days)

In this community: 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 1214 Fareon
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Ma rgaret Elizabeth Laflin

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: George

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

7. Birth date of deceased: Febuary (Month) 16, (Day) 1860 (Year)

8. AGE: Years 81 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation: House Keeper

11. Industry or business: Home

MOTHER FATHER

12. Name: Thomas Hasty

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

14. Maiden name: Ruth E. Anderson

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

16. (a) Informant: Mrs. Frances McClintock (Daughter)

(b) Address: Route # 6, St. Joseph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/41 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Mora Cemetery, City

18. (a) Signature of funeral director: John E. Cupp

(b) Address: 6054 Pryor Ave., St. Joseph, Mo.

19. (a) 8/31/41 (Date received local registrar) (b) H. J. Nesselhous (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. Day 30 year 1941 hour 3 P. minute 25 A.M.

21. I hereby certify that I attended the deceased from June 15, 1941, to Aug 29, 1941; that I last saw him alive on Aug 29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Mental Stenosis — Duration

Due to: —

Due to: —

Other conditions: Arterio Sclerosis — Duration

(Include pregnancy within 3 months of death) Neph. Chr. —

Major findings: None

Of operations: 13/6

Of autopsy: None

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

23. Signature: Jerome H. Hardegree M.D.

Address: Rucpalner Bldg. Date signed 8/30/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed John E. Ryk

Licensed Embalmer No. 3986

P. O. Address 6054 Pryor Ave., St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.