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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28200

Registration District No. 270

Primary Registration District No. 5883

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Mc. Mustang Sup
(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 MO (b) County Douglas 034
(c) City or town rural Mc. Mustang Sup
(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 James Thomas Lakey
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1940 hour 5 minute A. 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 _____ years
7. Birth date of deceased April 3 1856
(Month) (Day) (Year)

Immediate cause of death Old Age and Heart trouble
Duration _____

8. AGE: Years 84 Months 1 Days 7 If less than one day
hr. min

Due to no ill. present died suddenly
Due to _____

9. Birthplace Wright Co MO
(City, town, or county) (State or foreign country)

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

10. Usual occupation farmer

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name not known

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

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

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

14. Maiden name not known

(b) Date of occurrence _____

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

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

16. (a) Informant Mrs Guy Lakey

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

(b) Address Bushybranch, Mo.

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

17. (a) _____ (b) Date thereof 5 11 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature Reba K White (M. D. or other) ✓

(c) Place: burial or cremation Glenora Cem., friends

Address _____ Date signed 5 11 1941

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8-11-1944 (b) Reba K. White
(Date received local registrar) (Registrar's signature)

776 (Licensed Embalmer's Statement on Reverse Side)

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

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 941-1413

Date Filed SEP 4 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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