

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35227

FILLED NOV 6 1941

Registration District No. 416

Primary Registration District No. 4248

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Sarcoxié *Illinois*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 20 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Sarcoxié (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 0

3. (a) PRINT FULL NAME Lafayette O. Depré st

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex 0 M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dora 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased January 3, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 8 hr. min.

9. Birthplace Newton County Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business.....

12. Name E. H. Depré st

13. Birthplace Tennessee (State or foreign country)

14. Maiden name Mary Ann Swindle

15. Birthplace St. Louis Co., Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Depré st

(b) Address Sarcoxié, Missouri

17. (a) Burial (b) Date thereof 10/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)
Old Fellows Cemetery

(c) Place: burial or cremation Newtonia, Missouri

18. (a) Signature of funeral director Roland C. Engelage

(b) Address Sarcoxié, Missouri

19. (a) 10/11/41 (b) Mrs. Emma Broadway
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9
year 1941 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from 10-13- 1939 to 10-9- 1941;
that I last saw him alive on 10-9- 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 weeks
Due to Hypertension 2 years

Other conditions 1
(Include pregnancy within 3 months of death)

Major findings: 830
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?
While at work? (Specify type of place) (e) Means of injury 0
23. Signature W. B. ... (M. D. or other)
Address Sarcoxié Mo Date signed 10-11-41

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

4-10-882

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..... *George B Orr*
Licensed Embalmer No. *946*
P. O. Address..... *17th Vermont*

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.