

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

Registration District No. 838

Primary Registration District No. 60981B

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Dexter, R. 1.
 (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 Stoddard
 (c) City or town Dexter, R. 1.
 (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 Lester Levonne LaRue,
 (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 9
 year 1941 hour 4 minute 10 A.M.
 21. I hereby certify that I attended the deceased from Oct - 5
 _____, 1941, to Oct - 9, 1941;
 that I last saw her alive on Oct - 2, 1941;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Colic Duration _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 10, 1941
 (Month) (Day) (Year)
 8. AGE: Years _____ Months 7 Days 29
 If less than one day _____ hr. _____ min.

Due to Improper feeding
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations 1190
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Dexter, Mo. R. 1
 (City, town, or county) (State or foreign country)
 10. Usual occupation Infant
 11. Industry or business _____
 12. Name Glenn LaRue,
 13. Birthplace Dexter, Mo. R. 1.
 (City, town, or county) (State or foreign country)
 14. Maiden name Louise Foushee,
 15. Birthplace Jackson, Co. Ark.
 (City, town, or county) (State or foreign country)
 16. (a) Informant Glenn LaRue,
 (b) Address Dexter, Mo. R. 1
 17. (a) Burial (b) Date thereof Oct. 10, 41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Essex, Mo.
 18. (a) Signature of funeral director Watkins Funeral S
 (b) Address Dexter, Mo.
 19. (a) 10, 24 1941 (b) Jessie Ruston
 (Date received local registrar) (Registrar's signature)

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) (Means of injury)
 23. Signature Frank LaRue (M. D. or other) MD
 Address Dexter Mo. Date signed 10-10-41

RECEIVED

District Health Office No. 2,

District File Number 114-1544

Date Filed 11/12/41

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.....

B. J. Brentlinger

Licensed Embalmer No. 42601

P. O. Address Myter, 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.