

DEC 23 1941

483  
477

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38717

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 2-2-5644 B

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town Williamstown Readersburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rural of Williamstown  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community All of Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56  
(c) City or town Williamstown 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 Nov day 15  
year 1941 hour 1. AM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Jan  
30, 1940 to Nov, 1941;  
that I last saw him alive on Nov 18, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration 2 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 938  
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?  
\_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury 2

23. Signature P. W. Jennings (M. D. or other) P. O.  
Address Williamstown Mo Date signed 11/18/41

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

3. (a) PRINT FULL NAME William Edward Lavell

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Esabelle Mills 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 6 0 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Williamstown Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Edward Lavell

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mc Fadden

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Eugene Lavell

(b) Address Williamstown ? Missouri

17. (a) Burial (b) Date thereof Nov. 20 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Patrick

18. (a) Signature of funeral director Journals  
Williamstown ? Missouri

(b) Address \_\_\_\_\_

19. (a) Nov 21 1941 (b) P. W. Jennings  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 12-41-2229

Date Filed DEC 18 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.....

Apprentice, James A. Coder Jr......, Registered Apprentice No. #429820-1106

working under my personal supervision.

Signed

*James A. Coder*

Licensed Embalmer No. 2532

P. O. Address Lewistown, Missouri

**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, above space should be left blank.**