DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43273

Registration District No. 896 Primary Registration District No. 6198 Registrar's No. 34

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural Ozark Twp
(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 About 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 117

(a) State Missouri (b) County Webster

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Lafoe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

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 April (Month) 28 (Day) 1850 (Year)

8. AGE: Years 71 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Webster County-Missouri (City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Ed Lafoe
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature Jim Felin
(b) Address Marshfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (Month) 22 (Day) 1941 (Year)
(c) Place: burial or cremation Welsh Cem.

18. (a) Signature of funeral director McMahon Funeral Service
(b) Address Marshfield, Missouri

19. (a) 12/24/41 (Date received local registrar) (b) J R Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21 year 1941 hour Sometime early minute A M.

21. I hereby certify that I attended the deceased from Died un-attended, 19 to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cerebral apoplexy	
Due to Chr Hypertension	
Due to Chr Brights Disease	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131b
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

23. Signature J R Bruce (M. D. or other)
Address Marshfield Mo Date signed 12/21/41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 6,
District File Number 142-136
Date Filed JAN 14 1942

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.