

FILED JAN 30 1942

Registration District No. 1825

Primary Registration District No. 6021

Registrar's No. 15

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Knob Lick
(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 Missouri (b) County St. Francois
(c) City or town Knob Lick
(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 A. LACHANCE

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 Married
6. (b) Name of husband or wife Laura LaChance 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Dec 29 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Miss La Motte Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Labour

MOTHER FATHER { 11. Industry or business.....

12. Name Bernard LaChance
13. Birthplace Hubbardsville Mo
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Kendra
15. Birthplace Madison Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Hallinger
(b) Address Knob Lick, Mo

17. (a) Burial (b) Date thereof 12-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Knob Lick
18. (a) Signature of funeral director Widest Funeral Home
(b) Address Farmington, Mo

19. (a) 12-14-41 (b) H. H. A. Rydeen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 15 to Dec 12 1941
that I last saw him alive on Nov 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to General arterio sclerosis

Due to

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

Major findings:
Of operations 938
Of autopsy.....

Duration

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.....

23. Signature R. Applegate (M.D. or other)
Address Farmington Date signed 12-13-41

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

RECEIVED

District Health Officer No. 4

District File Number 142-65

Date Filed 1-13-42

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 Carl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.