DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

Registration District No. 608

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7382

Primary Registration District No. 4362

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County: Newton

(b) City or town: Fairview (If outside city or town limits, write "RURAL" and name of township) Rural

(c) Name of hospital or institution: Franklin Twp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Newton

(c) City or town: Fairview Mo R.R. 0 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) If yes, name country .....

3. (a) PRINT FULL NAME: Josiah Larcher

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Lucinda Larcher

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

7. Birth date of deceased: Apr. (Month) 1st (Day) 1851 (Year)

8. AGE:

Years	Months	Days	If less than one day
90	10	6	..... hr. ..... min.

9. Birthplace: Madison Co. Indiana (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business .....

FATHER

12. Name: Matthias Larcher

13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Elizabeth Hull

15. Birthplace: Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: David Larcher

(b) Address: Fairview Mo. R.R. 1

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-9-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Anderson Cem

18. (a) Signature of funeral director: G. E. Chase

(b) Address: Cassville Mo

19. (a) Feb 11 42 (Date received local registrar) (b) Dana Geister (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th year 1942 hour 11:20 minute A.M.

21. I hereby certify that I attended the deceased from ....., 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: Natural Causes	
Had been in usual health. Died suddenly.	
Due to: Probably Heart disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature: J. R. Reynolds Coroner (M. D. or other)

Address: Neosho Mo Date signed 2-7-42

1111 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 342-391
Date Filed MAR 13 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 R. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

V. S. No. 2B
10M—8-21-41
I X29288

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

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BUREAU OF THE CENSUS

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STANDARD CERTIFICATE OF DEATH

State File No. 7382

Registration District No. 608 Primary Registration District No. 4362 Registrar's No.

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Rural
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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 Josiah Larcher
3. (b) If veteran name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Apr (Month) 1 (Day) 1857 (Year)

8. AGE: Years 90 Months 10 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

OTHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

(a) Informant
(b) Address
(Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
(d) Signature of funeral director
(e) Address
(a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 9c?	
Major findings: 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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY