

Registration District No. 479

Primary Registration District No. 5656

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Moscow Mills Mo.
(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 1
(Specify whether)

In this community 10 yr
years, months or days

3. (a) PRINT FULL NAME JASPER L. LAVIY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Lavy

6. (c) Age of husband or wife if alive 71 years

Birth date of deceased Jan 10 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 9 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER

12. Name Frank Lavy

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

14. Maiden name Ellen Rybolt

15. Birthplace Moscow Mills Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Lavy

(b) Address Moscow Mills Mo.

17. (a) Burial (b) Date thereof March 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilson Cemetery

18. (a) Signature of funeral director Wayne McCoy

(b) Address 309 Mo.

19. (a) Mar 22 42 (b) Mrs. Hay Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Moscow Mills Mo.
(If outside city or town limits, write "RURAL")

(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 March day 19
year 1942 hour 5 minutes 15 A.M.

21. I hereby certify that I attended the deceased from Oct. 23, 1941
1941 to March 19, 1942
that I last saw him alive on March 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rt. Lung

Due to _____

Due to HFD

Other conditions Pleurisy with effusion on Rt. Chest
(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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Dr. J. J. Allevato (M. D. or other) _____
Address Winfield, Mo. Date signed 3/24/42

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

57
0
0

057
0
0

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, fact should be so stated above.