. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15, 1942

Registration District No. 609

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18594

State File No.

Primary Registration District No. 4363

Registrar's No. 69

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

1. PLACE OF DEATH:
(a) County: NEWTON
(b) City or town: NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SALE-BOWMAN HOSPITAL D
(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: MISSOURI (b) County: NEWTON 73
(c) City or town: PIERCE CITY RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: WILLA ELLIS LASSWELL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: FEMALE 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: MARRIED 1

6. (b) Name of husband or wife: GEORGE LASWELL

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: JUNE (Month) 17 (Day) 1881 (Year)

8. AGE: Years 60 Months 11 Days 2 If less than one day hr. min.

9. Birthplace: Chillocothe (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business

MOTHER FATHER
12. Name: JOSEPH BANISS
13. Birthplace: (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name: ZAMARA ELLIS
15. Birthplace: (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant: Hospital Records
(b) Address: PIERCE CITY, MO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: 5-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation: BERNICE CEMETERY

18. (a) Signature of funeral director: [illegible]
(b) Address: PIERCE CITY, MO

19. (a) 5-19-1942 (Date received local registrar) (b) Barry Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 19 year 1942 hour 2 minute 45 p M.

21. I hereby certify that I attended the deceased from ..., 19..., to MAY 19, 1942; that I last saw her alive on MAY 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis — Duration
Due to: Perforation of transverse colon
Due to: Carcinoma of colon
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: Carcinoma of colon

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): No
(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: 0

23. Signature: [illegible] (M. D. or other) M.D
Address: NEOSHO MO Date signed 5/19/42

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 642-865
Date Filed JUN 12 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

me, Registered Apprentice No.

working under my personal supervision.

Signed. Milton O. Nemeyer

Licensed Embalmer No. 3822

P. O. Address Pierce City 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.