S. No. 2
M—1-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20716

State File No. 229

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 573.

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Jail 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED: 11
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph 7 (If outside city or town limits, write "RURAL")
(d) Street No. 102 North Second (If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Lon L. Laird
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced 9 Unknown
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year) 1868

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace (City, town, or county) 9 Unknown (State or foreign country)
10. Usual occupation Lead Pencil
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) 9 Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 Unknown (State or foreign country)
16. (a) Informant City Jail Records
(b) Address St Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 42 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph Missouri
19. (a) 6-5-42 (Date received local registrar) (b) Rose Hergoz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th year 1942 hour 3 minute A M.
21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ one June 4th, 1942, 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	
Congestive Heart failure	1 day
Oedema of the Lungs	1 day
Due to Chronic Asthma	10 yrs
Due to Chronic Alcoholism	10 yrs
Arteriosclerosis (senile)	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

111C

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 2
23. Signature H. F. Mundy (M. D. ~~or other~~) Coroner
Address 404 So 3d Date signed 6/4/41

1233 (Licensed Embalmer's Statement on Reverse Side)

1901

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 June 4, Registered Apprentice No. ....., working under my personal supervision.

Signed John H Hunley

Licensed Embalmer No. 4058

P. O. Address St Joseph 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.