

FILED OCT 8 1948

Primary Registration District No. 4021

Registrar's No. 4

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

1. PLACE OF DEATH

(a) County Audrain

(b) City or town Ladonia Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

(c) City or town Ladonia Mo.  
(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 1

3. (a) PRINT FULL NAME CEPHALUS BLACK LA RUE

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

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1942 hour 11 minute 50 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rose La Rue

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: Oct 10 - 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15 - 1939 to Sept 19, 1942, that I last saw him alive on Sept 19, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 4.5 hr

8. AGE: Years 69 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Boon Co Mo. 11  
(City, town, or county) (State or foreign country)

Due to Hypertension 7-years

Due to .....

Other conditions (Include pregnancy within 3 months of death) 948

10. Usual occupation Farming

11. Industry or business Farming

12. Name Thomas La Rue

13. Birthplace Not known  
(City, town, or county) (State or foreign country)

14. Maiden name Luzinda Logston

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations .....

Of autopsy .....

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Rose La Rue

(b) Address Ladonia Mo.

17. (a) burial (b) Date thereof Sept 21 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladonia Mo

18. (a) Signature of funeral director W. H. Dranger

(b) Address Ladonia Mo

19. (a) 7-50-42 (b) W. H. Dranger  
(Date received local registrar) (Registrar's signature)

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 W. H. McCall (M. D. or other) 0  
Address Ladonia Mo Date signed 9-20-42

1080

RECEIVED

District Health Officer No. 10

District File Number 10-42-1816

Date Filed OCT - 7 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 H. G. Granger, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed H. G. Granger

Licensed Embalmer No. 1287

P. O. Address Ladonia, 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.