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5-17-39  
-1 X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2389

FILED FEB 8 1943

State File No. \_\_\_\_\_

Registration District No. 143

Primary Registration District No. 5560

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Willow Springs. Rural. 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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community yes \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell <sup>46</sup>

(c) City or town Rural <sup>2</sup>  
(If outside city or town limits, write "RURAL") <sup>0</sup>

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT Harlan Lasley.  
FULL NAME

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 M-

6. (b) Name of husband or wife Daisy Baker 6. (c) Age of husband or wife if alive Dont know years

7. Birth date of deceased July 27th. 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67.</u>	<u>5</u>	<u>20</u>	_____ hr. _____ min.

9. Birthplace Dont Know. U.S.A. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business \_\_\_\_\_

12. Name Henry Martin Lasley.

13. Birthplace Dont Know. 9  
(City, town, or county) (State or foreign country)

14. Maiden name Calvin.

15. Birthplace Dont Know. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Harlan Lasley. Jr.

(b) Address Willow Springs. Mo.

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine Grove Cemetary.

18. (a) Signature of funeral director T. W. Burns

(b) Address Willow Springs. Mo.

19. (a) 19-43 Danette Feigerson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 1  
1943 to Jan 17 1943  
that I last saw him alive on Dec 29 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature J. L. Chapman et al. M. D. or other \_\_\_\_\_  
Address Willow Springs Date signed Jan 19

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

16  
00

395

RECEIVED

District Health Officer No. 5

District File Number 24390

Date Filed 2-5-43

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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: J. R. Burns

Licensed Embalmer No. 1837

P. O. Address Willow Springs, Tenn.

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.