

S. No. 2  
OM-542  
5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6975

State File No. ....

Registration District No. 2506

Primary Registration District No. 5748

Registrar's No. 11

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

1. PLACE OF DEATH:  
(a) County Madison  
(b) City or town Mine La Motte  
(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..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME RONALD LEE LAPLANT  
3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced X 0  
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased January 12 1943  
(Month) (Day) (Year)

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

9. Birthplace Mine La Motte Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation X

11. Industry or business X  
12. Name Willard Raymond La Plant  
13. Birthplace Madison County Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Wanda Elsie Rogers  
15. Birthplace Mine La Motte Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Wanda La Plant (mother)  
(b) Address Mine La Motte, Mo.

17. (a) Burial (b) Date thereof: 2-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mine La Motte, Mo.

18. (a) Signature of funeral director Stanley H. Dixon  
(b) Address Fredericktown, Mo.

19. (a) Feb. 10, 1943 (b) S. L. S. Langley  
(Date received local registrar) (Registrar's name)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Madison  
(c) City or town Mine La Motte  
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th  
year 1943 hour 7:10 minute P. M.

21. I hereby certify that I attended the deceased from 2-4 1943 to 2-7- 1943  
that I last saw her alive on 2-7- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 36 hrs

Due to Spore cold & acute bronchitis

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)  
(e) Means of injury.....  
23. Signature W. Harry Benson M.D.  
Address Fredericktown Mo. Date signed Feb 10-43

RECEIVED

District Health Officer No. 4  
District File Number 343-1798  
Date Filed 3-3-43

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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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address: Fredericktown, 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.