

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1903
 Registrar's No. 1903

FILED MAY 10 1943
 Registration District No. 1903

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5200 Oak Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days. (Specify whether years, months or days)
 In this community 57 years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5200 Oak Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME George A. LaRue
 (b) If veteran, name war no
 (c) Social Security No. 490-16-4403

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 21st
 year 1943 hour 3:00 minute A. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Dolly Frances LaRue
 (c) Age of husband or wife if alive unk years
 7. Birth date of deceased January 1 1869
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 24 1943 to Apr 21 1943
 that I last saw him alive on Apr 20 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 3 20 hr. min.

Immediate cause of death: Cerebral hemorrhage
 Duration 18 hrs

9. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)

Due to Cerebral Arterio Sclerosis Exps

10. Usual occupation Printing

Due to 83d

11. Industry or business X
 12. Name George A. LaRue
 13. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Jane Ellicks
 15. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Major findings: None
 Of operations None
 Of autopsy None
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Fred C. Frick
 (b) Address 5200 Oak St., Kansas City, Mo.
 17. (a) Burial (b) Date thereof 4-22-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery
 18. (a) Signature of funeral director Stine & McClure
 (b) Address 3235 Gillham Plaza, K. C., Mo.
 19. (a) 4-22-43 (b) M. M. Brown
 (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 J. V. Bell (M.D. or other)
 Address 1127 W. 12th St. Date signed 4/21/43

Dr. J. V. Bell,

J. V. Bell

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 *E. M. Plauts*

Licensed Embalmer No. *1848*

P. O. Address *K. E. 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.