No. 2
—5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14958

RECEIVED MAY 10 1943

Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 4356

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Como Township Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community about 3 months.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid 72
(c) City or town Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. Near Risco
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3. (a) PRINT FULL NAME Mattie Florance Lafferty
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Spencer Lafferty
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 12 (Day) 1885 (Year)

8. AGE: Years 58 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Cambton (City, town, or county) Term 1 (State or foreign country)
10. Usual occupation House work
11. Industry or business ✓
FATHER
12. Name Dock Sterlin
13. Birthplace Unk (City, town, or county) Unk 9 (State or foreign country)
MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) Unk 9 (State or foreign country)
16. (a) Informant William Lafferty
(b) Address Moulden R L
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Dogwood
18. (a) Signature of funeral director Friends
(b) Address Moulden R L
19. (a) Apr 14 (Date received local registrar) (b) Mrs S B Radenacker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1943 hour 12:00 minute P. M.
21. I hereby certify that I attended the deceased from ✓
✓, 19..., 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 No Medical attendant by all record death	
Due to was due to Acute Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93e1	
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Leo Hedgepeth Deputy Coroner. (~~M.D.~~ or other)
Address New Madrid, Mo Date signed 4-12-43

1028

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 343-640
Date Filed 5-7-43

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 Not Embalmed,

Licensed Embalmer No.....

P. O. Address.....

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.

. S. No. 2B
0M—8-21-41
I X29280

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 209 Primary Registration District No. 5-825 Registrar's No. 4 806

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Cama Township (near Risco)
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Mathe F. Lafferty

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 12 (Day) 1883 (Year)

8. AGE: Years 53 Months 3 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 4/27/43 (Date received local registrar) (b) Mrs S B. Rademaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 12 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

5-14958