

S. No. 2  
4-9-41  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19289

FILED MAY 25 1943

Registration District No. 38 Primary Registration District No. 4515 Registrar's No.

1. PLACE OF DEATH:  
(a) County Sullivan  
(b) City or town Milan  
(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 60 years (Specify whether years, months or days)  
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Sullivan  
(c) City or town Milan  
(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

3. (a) PRINT FULL NAME John La Velle  
(b) If veteran, name war No  
(c) Social Security No. none

MEDICAL CERTIFICATION

4. Sex Male 5. Color or race White  
(a) Single, widowed, married divorced  
(b) Name of husband or wife  
(c) Age of husband or wife if alive years  
6. Birth date of deceased August 9, 1866  
(Month) (Day) (Year)

20. DATE OF DEATH, Month April day 17 year 1943 hour 2 minute 00 p. M.  
21. I hereby certify that I attended the deceased from 1942 to April 17, 1943 that I last saw him alive on March 26, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 8 Days 8 If less than one day hr. min.

Immediate cause of death Myocardial infarction  
Due to arteriosclerosis

9. Birthplace Vinton Co. Ohio  
(City, town, or county) (State or foreign county)  
10. Usual occupation Farmer-retired

Other conditions chronic bronchial asthma year  
(Include pregnancy within 3 months of death)  
Due to chronic bronchial asthma year

MOTHER FATHER

11. Industry or business  
12. Name John La Velle  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary O'Donnell  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations  
Of autopsy  
Underline the cause to which death should be charged statistically.

16. (a) Informant Julia La Velle  
(b) Address Milan, Mo.  
17. (a) (b) Date thereof April 19, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Mary's Cem. Milan, Mo.  
18. (a) Signature of funeral director [Signature]  
(b) Address Milan, Mo. (Frank D.)  
19. (a) May 24 3 (b) Mac S. D. Green  
(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  
Where did injury occur? (City or town) (County) (State)  
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. S. Moutgomery (M. D. of )  
Address Milan Mo. Date signed 7-21-1943

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

RECEIVED

District Health Office No. 10

District File Number 5-43-908

Date Filed MAY 21 1943

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

*Frank D. Schwen*

Licensed Embalmer No.

*2016*

P. O. Address

*Milan, W.*

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.