U. S. No. 2
10M—5-42
Rev. 5-17-39
X32875

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28486

State File No.

Registration District No. 757 Primary Registration District No. 5582 Registrar's No. 153

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - Jackson Twn.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #3, ~~Carthage~~, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural - Jackson Twn. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #3, Carthage, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William LaDow

3. (b) If veteran, name war World War #1

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Clara LaDow

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

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

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant C. E. Barnes

(b) Address Route #1, Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-43 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Aug 12 '43 (Date received local registrar) (b) Elizabeth Coughlin (Registrar's signature)

1203

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10, year 1943 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on Did not see him alive 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Burned in home when house was struck by

Due to Lightning

Due to

Other conditions (Include pregnancy within 3 months of death) 192

Major findings:
Of operations 99

Of autopsy

Duration

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) Accident 049

(b) Date of occurrence Aug 10, 43

(c) Where did injury occur? (City or town) Jasper (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm home (Specify type of place)

While at work? (e) Means of injury Lightning

23. Signature R. V. Webster (M.D. or other) Coroner

Address Carthage Mo Date signed Aug 12 '43

(Licensed Embalmer's Statement on Reverse Side)

43-9-730

SEP 13 1943

NOV 17 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 Ed Ullmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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.