

FILED JAN 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41449

Registration District No. 2

Primary Registration District No. 5016

Registrar's No. 133

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town R.R. # 3 - St. Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R. #3 Memorial Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Gregory Z. Laderoute

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Imogene Edith 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased October 18 1898
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Zotique Laderoute
13. Birthplace Montreal, Canada 2
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Panigot
15. Birthplace Paris France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Imogene Launderoute
(b) Address R.R. #3

17. (a) Burial (b) Date thereof 12-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director W. H. Fitchman

(b) Address 1802 Union St.

19. (a) 12-22-43 (b) J. H. Fitchman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town R.R. # 3 St. Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles N.W. of St. Joseph-Hi
(If rural, give location) 169
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1943 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 1940 to Nov 11 1943
that I last saw him alive on about Oct 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Amyotrophic Lateral Sclerosis Duration 5 yrs.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 82.1 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 L. H. Fitchman (M. D. or other) Med
Address St. Joseph, Mo. Date signed 12-21-43

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

200

At Fursion

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 _____

Licensed Embalmer No. 3308

P. O. Address. St Joseph, 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.