

V. S. No. 2
50M-5-42
Rev. 5-17-71
X32873

FILED JAN 5 1944
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 5 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 25

Primary Registration District No. 4036

Registrar's No. 77

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

1. PLACE OF DEATH:

(a) County BATES

(b) City or town RICH HILL MO.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County BATES

(c) City or town RICH HILL MO.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JACOB LAURY

3. (b) If veteran, name war X

3. (c) Social Security No. 2

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____

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

7. Birth date of deceased MARCH 26-1846
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7 to 11
that I last saw him alive on Dec 20
and that death occurred on the date and hour stated above.

8. AGE: Years 97 Months 8 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace COOPER CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name DANIEL LAURY

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

14. Maiden name NANCY CATON

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

16. (a) Informant Dan Laury

(b) Address Rich Hill Mo.

17. (a) Burial (b) Date thereof 12-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Booth

(b) Address Rich Hill Mo.

19. (a) Dec 27 43 (b) Mrs. Edna Douglas
(Date received local registrar) (Registrar's signature)

Immediate cause of death Senility

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations _____

Of autopsy _____

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) (a) Means of injury

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 12/24/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 71

12-43-1383
1-4-44

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 *John J. Henderson*

Licensed Embalmer No. *3585*

P. O. Address *Butler 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.