

No. 2
M-2-43
5-17-39
X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24510

State File No. _____

FILED AUG 8 1944

Registration District No. _____

Primary Registration District No. 41-54-0336

Registrar's No. 42

1. PLACE OF DEATH:

(a) County DADE

(b) City or town RURAL - CENTER TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 MI. S.W. GREENFIELD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether)

In this community 60 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DADE 29

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5 MI. S.W. GREENFIELD
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN BARLOW LACK

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 13
year 1944 hour _____ minute _____ M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased DECEMBER 10 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-1 1944 to 7-13 1944
that I last saw him alive on July 12 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 7 Days 3
If less than one day hr. _____ min. _____

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace DADE Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name THE LACK

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

14. Maiden name SARAH JANE LACK

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

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 _____

16. (a) Informant Latham Lack

(b) Address Greenfield MO

17. (a) BURIAL (b) Date thereof 7-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENFIELD CEMETERY

18. (a) Signature of funeral director Ward Funeral Home

(b) Address Greenfield MO

19. (a) 7-15-44 (b) Phyllis Lack
(Date received from informant) (Registrar's signature)

23. Signature H. O. Cowan (M. D. or other) _____
Address Greenfield MO Date signed 7-15-44

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

29 00

GED FO

1082

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer

District File Number

3.06
151

8-4-44

Case No. 887

57

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 Sam E. Senseney Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield 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.