

THE STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

FILED NOV 8 1944

Registration District No. 319 Primary Registration District No. 6081

1. PLACE OF DEATH:
 (a) County Ste Genevieve, Rural
 (b) City or town Union, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: V
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether)
 In this community 42 1/2 years.
years, months or days

3. (a) PRINT FULL NAME Elizaneth, Laws.
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex F
 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Cyrus, K. Laws.
 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased AUG. 23. 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 5
 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife.

11. Industry or business _____

12. Name John, H. Harter

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

14. Maiden name Theresa, MOG.

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

16. (a) Informant Thresa Laws.

(b) Address Farmington, MO.

17. (a) burial (b) Date thereof 10/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation new Calvary of Farmington

18. (a) Signature of funeral director Farmington, Und. Co

(b) Address Farmington, Missouri

19. (a) Oct 30/44 (b) T. W. Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ste Genevieve
 (c) City or town rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Union Top
no (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 28 day 28
 year 1944 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 15 to Oct 28
 1944 and that death occurred on the date and hour stated above.
 that I last saw her alive on Oct 27 1944

Immediate cause of death Citricia selarria - Generalized Lep.
 Duration _____

Due to _____
 Due to _____

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

Major findings:
 Of operations _____

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)
 (c) Means of injury _____

23. Signature Pinet S. Hoyle (M. D. or other) _____

Address Farmington Mo Date signed 10/28/44

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

75
 0

706

RECEIVED

District Health Office No. 4

1144-4495

11-6-44

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.....

Licensed Embalmer No. 4084

P. O. Address Farmington Ms.

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.