

FILED JAN 19 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2095

State File No.

Registration District No. 99

Primary Registration District No. 5378

Registrar's No. 253

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Rural Polk
(If outside city or town limits, write "RURAL" and name of township) Surf
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb 32
(c) City or town _____ (If outside city or town limits, write "RURAL") Rural 11
(d) Street No. 1/2 mile East of Union St., Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC., day 28
year 1944 hour 8 minute 00 A., M.
21. I hereby certify that I attended the deceased from _____ 19____;
I viewed the body _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
CHRONIC MYOCARDITIS
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

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

Major findings:
Of operations _____
Of autopsy none

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) _____ (Means of injury)
23. Signature Father E. Rockwood (M. D. or other) 2 No.
Address Union St., Mo. Date signed _____

3. (a) PRINT FULL NAME THOMAS RICHARD LAFFOON

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan 25, 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Laffoon

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

14. Maiden name Martha Saunders

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

16. (a) Informant Raymond Laffoon

(b) Address Union St., Mo.

17. (a) Burial (b) Date thereof Dec. 30, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union St., Mo.

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City, Mo.
19. (a) Jan 22 1945 (b) John Clark
(Date received local registrar) (Registrar's signature)

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

1378

(Licensed Embalmer's Statement on Reverse Side)

Crossed a De Kalb county.

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.....

Lucile M. Wilson

Licensed Embalmer No. *2830*

P. O. Address *Kearney City, 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.