9436

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1945

Registration District No. 8

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3012

State File No.

Registrar's No. 32

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Excelsior Springs Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community I Year
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 24
(a) State Missouri (b) County Clay 1
(c) City or town Excelsior Springs 1
(If outside city or town limits, write "RURAL")
(d) Street No. 206 West Excelsior Street
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country ####### ####

3. (a) PRINT FULL NAME MARY BELLE LASTER

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Wm Joseph Laster 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 8 (Day) 1867 (Year)

8. AGE: Years 78 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Benton County (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name John Riley
13. Birthplace ######## (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Bayless 1
15. Birthplace ### #### (City, town, or county) Ark. 1 (State or foreign country)

16. (a) Informant O. R. Lester
(b) Address Excelsior Springs Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3- 13-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Missouri

18. (a) Signature of funeral director Herbert Hope
(b) Address Excelsior Springs Missouri

19. (a) 3-13-45 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

1166

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1945 hour 3 minute 50 P M.

21. I hereby certify that I attended the deceased from Feb 20th, 1945, to March 11th, 1945;
that I last saw her alive on 11th, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular-renal Disease

Due to hypertension and arterio-sclerosis. Yes

Due to —

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

Major findings: — 131a
Of operations —
Of autopsy —

Duration

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?
(Specify type of place)
While at work? C (e) Means of injury 0

23. Signature C. C. Robertson (M. D. or other) MW
Address Excelsior Springs Mo. Date signed 3/12/45

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 4/2/45

APR 5 1945

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 James A Moles.

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs 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.