S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10785

Registration District No. 262 Primary Registration District No. 6154 Registrar's No.

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Richland Tp. Rural
(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
In this community ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard
(c) City or town Rural 10
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME David E Lafferty
3. (b) If veteran, name war ✓ 3. (c) Social Security No.
4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Apr (Month) 25 (Day) 79 (Year)

8. AGE: Years	Months	Days	If less than one day
65	7	20	hr. min.

9. Birthplace ✓ (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ✓
FATHER
12. Name Wm. H. Lafferty
13. Birthplace ✓ (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Mary Ann Lanno
15. Birthplace ✓ (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Wilborn Brinson
(b) Address Essex, Rt. 1
17. (a) Pleasant Valley Cem (Burial, cremation, or removal) (b) Date thereof 12-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Valley Cem
18. (a) Signature of funeral director John Albritton
(b) Address Sikeston Mo
19. (a) 3-25-45 (Date received local registrar) (b) Nora Irons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day Dec year 1944 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from Nov. 21 1944 to Dec 14 1944 that I last saw him alive on Nov. 21 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aortic Regurgitation	
Due to ✓	
Due to ✓	
Other conditions ✓ (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? ✓
(Specify type of place)
While at work? ✓ (e) Means of injury ✓
23. Signature J. R. Brandon (M. D.)
Address Essex, Mo Date signed 12-16-44

1129

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 345-496
Date Filed 3/28/45

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 Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed John Allutton

Licensed Embalmer No. 2941

P. O. Address Sikeston 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.