No. 2
—S-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14085

Registration District No. 240 — Primary Registration District No. 5826 — Registrar's No. 151

1. PLACE OF DEATH:
(a) County: New Madrid
(b) City or town: Rural LaFont Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: New Madrid
(c) City or town: Rural 12 (If outside city or town limits, write "RURAL")
(d) Street No.: Near Portageville, Mo 8 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Henry LaFerney
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Evelyn LaFerney
6. (c) Age of husband or wife if alive: 37 years
7. Birth date of deceased: June (Month) 25 (Day) 1901 (Year)

8. AGE: Years 43 | Months 7 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace: Portageville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business ____
12. Father Name: Richard LaFerney
13. Father Birthplace: Portageville (City, town, or county) Missouri (State or foreign country)
14. Mother Maiden name: Laura Pikey
15. Mother Birthplace: Portageville (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Albert LaFerney
(b) Address: Conrad, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Mound Cemetery
18. (a) Signature of funeral director: DeLisle Funeral Parlor
(b) Address: Portageville, Mo
19. (a) 3-10-45 (Date received local registrar) (b) Mrs. D. L. Parrett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1945 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from Feb 14, 1945 to Feb 14, 1945 that I last saw him alive on Feb 14, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	16-18 hrs
Due to:	
Due to: Hypertension essential	10 yrs?
Other conditions (Include pregnancy within 3 months of death): none	
Major findings: Of operations: none	
Of autopsy: none	

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: L. C. Conrad (M. D. or other) M.D.
Address: Portageville, Mo Date signed 2-15-45.

1274 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 45-615
Date Filed 9/14/45

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Leonard John Wargo

Licensed Embalmer No. 4336

P. O. Address Portageville, 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.