

FILED NOV 8 1945
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 347

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)
In this community 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. 717 Sikes Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Donald Allen La Font

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. X
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9 15 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 hr. min.

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

10. Usual occupation _____
11. Industry or business _____

12. Name Harold La Font
13. Birthplace Portageville Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mae Jewell Mabrey
15. Birthplace Jackson Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Harold La Font
(b) Address 717 Sikes, Sikeston, Mo.
17. (a) Burial (b) Date thereof 10/8/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.
18. (a) Signature of funeral director Hunter Albritton
(b) Address Sikeston, Mo.

19. (a) 10-27-45 (b) E. G. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 7
year 1945 hour 12 minute P.M.

21. I hereby certify that I attended the deceased from Oct 3 1945, to Oct 7 1945
that I last saw him alive on Oct-7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Elea Colitis
Duration 2 weeks

Due to _____

Due to _____

Other conditions 1196
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 E. G. Summers (M. D. _____)
Address Cape Girardeau Mo Date signed 10/24/45

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

MOTHER FATHER

1509

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 1145-1272
Date Filed 11-6-45

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
Not Embalmed Registered Apprentice No. _____
working under my personal supervision.

Signed John Allerton
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.