

FILED MAY 10 1946

Registration District No. **15**

Primary Registration District No. **3028**

Registrar's No. **79**

1. PLACE OF DEATH:

(a) County **Jasper**
 (b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **M^cCune - Brooks Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

ZELMA LAFON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **August 16 1908**
(Month) (Day) (Year)

8. AGE: Years **37** Months **8** Days **10**
If less than one day hr. min.

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

10. Usual occupation **Unemployed**

11. Industry or business

12. Name **Arthur Lafon**

13. Birthplace **Lawrence Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Esther Coplen**

15. Birthplace **Motou Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Glenn Osborne**

(b) Address **Jasper, Mo.**

17. (a) **Buried** (b) Date thereof **Apr 28 - 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Danderville Cem. Jasper Co. Mo.**

18. (a) Signature of funeral director **Phillips Funeral Home**

(b) Address **Green City Mo.**

19. (a) **4-28-46** (b) **C. B. Clenton, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
 (c) City or town **Golden City** **Rural** **0**
(If outside city or town limits, write "RURAL")
 (d) Street No. **0**
(If rural, give location)
 (e) Citizen of foreign country? **No**
(Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26**
 year **1946** hour **7** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **April 20 1946** to **April 26 1946**
 that I last saw him alive on **April 26 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis** **Myocardial failure**
 Duration **6 hrs**

Due to **Shock from operation**

Due to **938**

Other conditions **938**
(Include pregnancy within 3 months of death)

Major findings: **Hysterectomy**
Fibroid tumor
 Of autopsy **Examination of operative site only**

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? **at home**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **No** (Specify type of place) (a) Means of injury **0**

23. Signature **George H. Wood** (M. D. or dentist)
 Address **Carthage Mo.** Date signed **Apr 26 46**

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

46-4-329

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..... *J. H. Hugh*

Licensed Embalmer No. *3278*

P. O. Address. *Golden 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.