S. No. 2
0M—2-43
v. 5-17-39
I X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 11 1946

State File No. 16976

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 94

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

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: Brook-McCune Hospital. 0 (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)

In this community 30 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee 997

(c) City or town Treece. 14 (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) 2

If yes, name country

3. (a) PRINT FULL NAME Benjamin Frank Lazenby

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Carlena Lazenby.

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

7. Birth date of deceased November 28, 1858 (Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Martinsville, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Medical Doctor.

11. Industry or business Medical Business.

FATHER
12. Name John C. Lazenby
13. Birthplace Old Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy D. Heath
15. Birthplace Ohio. (City, town, or county) (State or foreign country)

16. (a) Informant Carlena Lazenby
(b) Address Treece. Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation G.A.R. Miami

18. (a) Signature of funeral director John H. Durnil
(b) Address Fischer Okla.

19. (a) 5-16-46 (Date received local registrar) (b) L. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1946 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from May 1, 1946, to May 6, 1946; that I last saw him alive on May 5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poison

Due to Chronic Myocarditis & Chronic Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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? (e) Means of injury

23. Signature R. V. Webster M.D. (M.D. or other)

Address Carthage Mo. Date signed May 9, 46

(Licensed Embalmer's Statement on Reverse Side)

46-5-470

APR 10 1962

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 John H. Durrill

Okla

Licensed Embalmer No. 8210

P. O. Address Dicker Okla

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.