No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24644

State File No.

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 49

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Unionville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Monroe Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED: 105

(a) State Missouri (b) County Sullivan 0

(c) City or town Pollock 0
(If outside city or town limits, write "RURAL")

(d) Street No. None 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Carl Frank LaFaver

3. (b) If veteran, name war No

3. (c) Social Security No. 486184476

4. Sex Male 0

5. Color or race White 1

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

6. (b) Name of husband or wife Ruth LaFaver

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased January (Month) 5 (Day) 1911 (Year)

8. AGE: Years 35 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Sullivan Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER

12. Name Frank LaFaver

13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

14. Maiden name Ida Zoe Hill

15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Ruth LaFaver

(b) Address Pollock, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Scobee Cem.

18. (a) Signature of funeral director Glenn E. Kent & Sons

(b) Address Green City, Missouri

19. (a) 7-11-46 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 22 day 1946 year hour 9 minute P. M.

21. I hereby certify that I attended the deceased from June 19, 1946 to June 22, 1946 that I last saw him alive on June 22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary embolism — Duration 5 minutes

Due to: Lobar pneumonia — 1 week

Due to: Empyema

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108

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 Chas. L. Judd (M. D. or other) M.D.

Address Unionville, Mo. Date signed 6-23-46

266 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 8-46-1478
Date Filed AUG 10 1946

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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Greenville, Me

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.