V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27686

Registration District No. 167 Primary Registration District No. 3040 Registrar's No. 94

1. PLACE OF DEATH:

(a) County Livingston

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

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

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

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

(d) Street No. 6 miles N.W. Meadville 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME GEORGE WASHINGTON LABAR

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

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 September (Month) 15 (Day) 1871 (Year)

8. AGE: Years 74 Months 10 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace Linn County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John A. LaBar
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Elliott
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. E. Ruddy
(b) Address R.R. #1, Wheeling, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri

19. (a) Aug - 9 - 46 (Date received local registrar) (b) Francis B. Naill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th year 1946 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart decompensation	1 day
Due to: Infectious diarrhea	2 days
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 0

23. Signature P. J. Bergman (M. D.)
Address Chillicothe, Mo Date signed 8/8/46

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton F. Norman.

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.