No. 2
—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30763

Registration District No. 157 Primary Registration District No. 5583 Registrar's No. ~~170~~ 170

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Sarcoxie R.2 Linclon Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Sarcoxie R.2 Lincoln Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ZEBULAND VANCE LAFON

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 WIDOWED

6. (b) Name of husband or wife MATILDA LAFON

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

7. Birth date of deceased December 17, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	8	15	hr. min.

9. Birthplace North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business /

FATHER
12. Name SYLVESTER LAFON 5
13. Birthplace FRANCE
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marcella Bond
15. Birthplace North Carolina /
(City, town, or county) (State or foreign country)

16. (a) Informant Hobart Lafon
(b) Address Sarcoxie, Mo.

17. (a) Burial (b) Date thereof Sept. 4, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dudenville Cem. Jasper Co. Mo.

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Golden City, Mo.

19. (a) 9-3-46 (b) L.B. Clinton MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2nd
year 1946 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from 21, 19 to Aug. 10, 1946
that I last saw him alive on August 10th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Larynx — Duration several months

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

47A

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 Rudolf Knapp (M. D. or other)
Address Golden City, Mo Date signed 9/2/46

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(Licensed Embalmer's Statement on Reverse Side)

46-8-702

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.....N. H. Pugh

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.