

FILED OCT 7 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 251

Primary Registration District No. 304P

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

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 minutes
(Specify whether years, months or days)

In this community 13 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. 202 South Hester
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME William C. Lafferty

MEDICAL CERTIFICATION
September 23

3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month September day 23 year 1946 hour 10 minute P. M.

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

21. I hereby certify that I attended the deceased from Sept. 23 1946 that I last saw him alive on Sept 23 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Hattie Lafferty 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased July 31, 1870
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis

8. AGE: Years 76 Months 1 Days 23 If less than one day hr. min.

Due to Generalized Arterio Sclerosis

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

Due to.....

10. Usual occupation Retired ranch hand

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Findley Lafferty

Major findings: Of operations 94P

12. Name Findley Lafferty 13. Birthplace Ohio

Of autopsy.....

14. Maiden name Elizabeth Jane Clendening

22. If death was due to external causes, fill in the following:

15. Birthplace Ohio

(a) Accident, suicide, or homicide (specify).....

16. (a) Informant Mrs. Len Byers (b) Address Maryville, Missouri

(b) Date of occurrence.....

17. (a) burial (b) Date thereof 9-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur?.....

(c) Place: burial or cremation Miriam cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

18. (a) Signature of funeral director Patricia Funeral Home (b) Address Maryville Mo

While at work?..... (Specify type of place) (e) Means of injury.....

19. (a) Sept 25 46 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

23. Signature W.R. Jackson (M. D. or other).....

Address Maryville, Mo Date signed 9-24-46

Duration See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.