No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31092

FILED OCT 1 1946

Registration District No. 267 Primary Registration District No. 3-402 3049 Registrar's No. 48

1. PLACE OF DEATH:

(a) County: Pemiscot

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

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missippi (b) County: 999

(c) City or town: Byhalia 22
(If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME: Lucy Elizabeth Laughter

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: widow

6. (b) Name of husband or wife: George Robert Laughter

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

7. Birth date of deceased: Aug. (Month) 3. (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	1	22	hr. min.

9. Birthplace: Desoto County (City, town, or county) Miss. (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business: her home

FATHER
12. Name: George Hormon
13. Birthplace: unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: G. R. Laughter
(b) Address: Hayti Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 9/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Olive Branch Miss.

18. (a) Signature of funeral director: Valhalla Funeral Home
(b) Address: Hayti Mo.

19. (a) 9/28/46 (Date received by local registrar) (b) A. Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25 Th. year 1946 hour 11 minute 45 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.

Immediate cause of death: Heart trouble as history given by the family.

Duration

Due to:

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:

23. Signature: Jack Kelley Coroner (M.D. or other)
Address: Hayti Mo. Date signed: 9/26/46

3 65

(Licensed Embalmer's Statement on Reverse Side)

9-46-207

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 Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Hayti 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, above space should be left blank.