S. No. 2
M—8-43
v. 5-17-39
X37823

31554

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32725

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Centralia
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone 10
(c) City or town Centralia /
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Elizabeth La force

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife James O. Laforce 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 5 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	1	17	hr. min.

9. Birthplace Boone Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Benjamin Pigg
13. Birthplace Boone Co. (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Arbella West
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant James O. Laforce
(b) Address Centralia Mo

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Oct. 23, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion, Near Hallsville

18. (a) Signature of funeral director Henry Jernigan
(b) Address Centralia Mo.

19. (a) Nov. 1-1946 (Date received local registrar) (b) Maud McBride (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1946 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 16 46, 19..., to ~~Sept 16~~ October 19-46, 1946;
that I last saw her alive on October 19-46, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 10 years

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

93D

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 Charles J. Garcia (M. D. ~~or other~~)
Address Mexico Mo Date signed 11-1-46

30 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 11-6-46

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 George Jennings

Licensed Embalmer No. 4270

P. O. Address Centralia, 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.