

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 12 1946**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 11

Primary Registration District No. 3012

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Clay

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

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

(d) Length of stay: In hospital or institution 4 Mos. 16 days  
(Specify whether years, months or days)

In this community 4 Mos. 16 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Winford W. Laster

3. (b) If veteran, name war World War II

3. (c) Social Security No. 491 18 6160

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Hazel Laster 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased July 4 1908  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>3</u>	<u>27</u>	hr. _____ min.

9. Birthplace Madrid Bend, Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Grocery Store

12. Name Wesley H. Laster

13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Simmons

15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration

(b) Address Excelsior Springs, Missouri

17. (a) Removal (b) Date thereof 11-1-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Missouri

18. (a) Signature of funeral director Funeral Home

(b) Address Excelsior Springs, Missouri

19. (a) 11/1/46 (b) Katharine Hutchings  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. Box 73  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1  
year 1946 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from June 17  
1946, to November 1, 1946  
that I last saw him alive on November 1, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis of meninges Duration Unknown

Due to Tuberculosis, pulmonary, chronic, Moderately advanced, active Unknown

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 3B PHYSICIAN \_\_\_\_\_

Of autopsy Tuberculosis of the central nervous system 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? \_\_\_\_\_

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

23. Signature R. H. Kaplan (M. D. or other) M.D.  
R. H. KAPLAN CLINICAL DIRECTOR  
Address Veterans Administration Hosp. signed 11-1-46

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

4

JUL 5 1946

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 11-9-46

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 Chas. Virgel Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.