. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41248

State File No.

FILED DEC 23 1946

Registration District No. 2

Primary Registration District No. 5681

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Rural
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Grantsville Twp. (rural)
(If outside city or town limits, write "RURAL")

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

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

If yes, name country XXXXX

3. (a) PRINT FULL NAME James T. Laizure

3. (b) If veteran, name war XXXX

3. (c) Social Security No. XXXX

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rachel Laizure

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased September (Month) 6 (Day) 1876 (Year)

8. AGE: Years 70 Months 2 Days 24 If less than one day hr. min.

9. Birthplace Winterset (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name William Laizure
13. Birthplace XXXXX (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Nancy Lowe
15. Birthplace XXXXX (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mrs. Jas Laizure

(b) Address Linneus, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/1946 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Thorne Undertaking Co.

(b) Address Linneus, Mo. (D.A. Taylor)

19. (a) DEC. 10-46 (Date received local registrar) (b) Mrs. Bridie Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th year 1946 hour 7:45 minute a. M.

21. I hereby certify that I attended the deceased from 6/20/46, 19, to 11/30/46, 19; that I last saw him alive on 11/30/46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency

Due to Gastric haemorrhages

Due to Carcinoma of stomach and liver.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46B

Of autopsy

Duration

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 D. G. Willis (M. D. or other) D.O.

Address Linneus, Mo. 11/30 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Darr A. Taylor

Licensed Embalmer No. 3761

P. O. Address Linneus, Missouri

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.