

S. No. 2  
OM-5-43  
v. 5-17-39  
I X38871

43366

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

**FILED FEB 13 1947**  
Registration District No. 11

Primary Registration District No. 5042

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural Liberty No. 3  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(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 Since 1904

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Liberty Township #3  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lauria Cora Laney

3. (b) If veteran, name war \*\*\*\*\*

3. (c) Social Security No. \*\*\*\*\*

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Albert Laney

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased November 14 1877  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>***</u>	<u>25</u>	hr. _____ min.

9. Birthplace Tennessee \*\*\*\* 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \*\*\*\*\*

12. Name E. A. Catron

13. Birthplace Tennessee 1  
(City, town, or county) (State or foreign country)

14. Maiden name Licka Eadens

15. Birthplace Tennessee 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Laney

(b) Address Exeter, Missouri

17. (a) Burial (b) Date thereof 12-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cemetery

18. (a) Signature of funeral director W. M. Montague

(b) Address Wheaton, Missouri

19. (a) Jan 29 - 1947 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9  
year 1946 hour 10AM minute 0 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 Arteriosclerotic changes of the heart

Duration \_\_\_\_\_

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

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

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

PHYSICIAN

Major findings:  
Of operations 46 E

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (c) Means of injury 3

23. Signature J. M. Montague (M.D. or other) 3

Address 129-46 Date signed 12-9-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 247-207

Date Filed FEB. 10 1947

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, Wm. Morris Payne

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Wm. Morris Payne

Licensed Embalmer No. 2444

P. O. Address Wheaton, 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.