

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED MAY 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12525

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 626

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 12 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2746 Penn Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charlene Mc Fall Llafet

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Kenneth B. Llafet 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased February 19 1917
(Month) (Day) (Year)

8. AGE: Years 30 Months 2 Days 17
If less than one day hr. _____ min. _____

9. Birthplace McFall Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name J. Normer McFall

13. Birthplace Mc Fall Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Azalee Young

15. Birthplace Richmond c Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth B. Llafet

(b) Address 2746 Penn St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 8, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Walter W. Jenkins

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) May 8, 1947 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1947 hour 2 minute 27 A. M.

21. I hereby certify that I attended the deceased from 5-3-47
to May 6 1947
that I last saw her alive on May 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration unknown

Due to Chronic endocarditis unknown

Due to Chronic pericarditis unknown

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Panocarditis, Pneumonia, Hypostatic type, Chr. Hepatitis

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 Maxwell Day (M. D. or other) _____

Address 218 N. 7th Street Date signed 5-7-47
St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

930

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Albert E. Harrington*.....

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.

Am C