

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21381

State File No. _____

Registration District No. 136

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 hours
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper

(c) City or town Sarcoxie
(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 Leo Lester Laffoon

3. (b) If veteran, name war ✓

3. (c) Social Security No. 495-07-0414

4. Sex M 5. Color or race white

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

6. (b) Name of husband or wife Gwendolyn Laffoon

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. 5 1977
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 of year 1947 hour 5 minute 38 A.M.

21. I hereby certify that I attended the deceased from May 16 1947 to June 5 1947

that I last saw him alive on June 5 1947 and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 69 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Lumberman

11. Industry or business _____

MOTHER FATHER

12. Name Elizabeth Shirley Laffoon

13. Birthplace Frankfort Co. Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Signa Weigler

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Gwendolyn Laffoon

(b) Address Sarcoxie Mo.

17. (a) Burial (b) Date thereof 6-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Mo.

18. (a) Signature of funeral director Jackson & Sons

(b) Address Sarcoxie Mo.

19. (a) 6-7-47 (b) Edmond Lamplins
(Date received local registrar) (Registrar's signature)

Due to Coronary Thrombosis
attacked Jan 22-46

Due to Coronary Occlusion

Other conditions second attack June 4-1 day

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? _____

While at work? _____

(Specify type of place) _____

Means of injury _____

Signature Edmond Lamplins (M. D. or other) _____

Address 708 Maple Bldg Date signed June 6 1947

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

47-6-542

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 me

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

Signed Wm H Jackson

Licensed Embalmer No. 3954

P. O. Address Parcay, Ind.

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.