

U.S. No. 2
FORM-5-43
Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21830

FILED JUN 20 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 216

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

1. PLACE OF DEATH:

(a) County Pettis

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

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

(d) Length of stay: In hospital or institution 10 days
(Specify whether _____)

In this community 35 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

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

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

3. (a) PRINT FULL NAME Alexander Mae Lachlan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day June
year 1947 hour 12:10 minute 0 M.

21. I hereby certify that I attended the deceased from over
26 days, 19 to , 19 ;
that I last saw him alive on June 14th, 19 ;
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Gracia

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

7. Birth date of deceased Feb. 11 1862
(Month) (Day) (Year)

Immediate cause of death:
Arteriosclerosis
Chronic Nephritis - Glomerular

Due to Hypertrophy of Prostate

Due to Chronic Myocarditis

Other conditions:
(Includes pregnancy within 3 months of death)
None

Major findings:
Of operations None

Of autopsy None

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>4</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Toumintall Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation Dog trainer

11. Industry or business _____

12. Name Alexander Mae Lachlan

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

14. Maiden name Helen Grant

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

16. (a) Informant Mrs J. O. Schiller

(b) Address Beverly Hills California

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

(c) Place: burial or cremation New Franklin Mo

18. (a) Signature of funeral director Mc Laughlin Bros

(b) Address Sedalia Mo

19. (a) 6-17-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? None
(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 J. B. Carter M.D. (M. D. or other)
Address Sedalia Mo Date signed 6-16-47

Duration
?
?
?
?
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-27-47

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.....

K.P. McOrary

Licensed Embalmer No. *3153*

P. O. Address *Galatia 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.