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17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32263  
Registrar's No. 315

Registration District No. 316 Primary Registration District No. 6075

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

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Leadington mo  
(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 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Leadington mo  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Barton Phillip Lavarier  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w.  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Iva Lavarier  
6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased June 19 1895  
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 21  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Flat River mo  
(City, town, or county) (State or foreign country)

10. Usual occupation miner

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Barton Lavarier  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Anna McDonald  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Iva Lavarier  
(b) Address Leadington mo

17. (a) Burial (b) Date thereof 9-13-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Lawn

18. (a) Signature of funeral director Baldwell Buz  
(b) Address Flat River mo

19. (a) 9-18-47 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day Sept  
year 1947 hour 2 minute 20 A.M.  
21. I hereby certify that I attended the deceased from May 1  
\_\_\_\_\_, 1947, to Sept 11, 1947,  
that I last saw h/m alive on Sept 8, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy gth

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) (c) Means of injury \_\_\_\_\_  
23. Signature Ch. Appberry (M. D. or other) M.D.  
Address Flat River, MO Date signed 9/12/47

SEP 21 1948

RECEIVED

District Health Officer No. 4  
District File Number 947-1253  
Date Filed 9-30-47

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 W.A. Caldwell  
Licensed Embalmer No. 3317  
P. O. Address Flat River on

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.