S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37750

Registration District No. 126 Primary Registration District No. 2000 Registrar's No. 924

1. PLACE OF DEATH:

(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11/2 hrs. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Greene 39
(c) City or town: Springfield-Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: R.R. #1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: George Frederick Laker Jr.
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M.
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 23 (Day) 1931 (Year)

8. AGE: Years 16 Months 3 Days 2 If less than one day hr. min.

9. Birthplace: Springfield (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Student
11. Industry or business:

FATHER
12. Name: George Jackson LAKER
13. Birthplace: Springfield (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name: Florence Bowen
15. Birthplace: Kansas City (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Father
(b) Address: above.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Eastlawn
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: 500 East Walnut, Springfield, Mo.
19. (a) 10-25-47 (Date received local registrar) (b) R E Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1947 hour 3 minute 20 A.M.
21. I hereby certify that I attended the deceased from Oct 24 1947 to Oct 25 1947 that I last saw him alive on Oct 24 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure — Duration: 7hrs.
Due to: Skull fracture and fractures left forearm, left femur and right tibia — 7hrs.
Due to: result of traffic accident
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: None
Of autopsy: None

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): Motorcycle collision with car
(b) Date of occurrence: Oct 24 1947 1039
(c) Where did injury occur? East Hi St 66 Greene Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on public highway (Specify type of place)
While at work? No (e) Means of injury: Collision on highway
23. Signature: Don J Silsby (M. D. or other) M.D.
Address: Springfield, Mo. 0 Date signed 10-25-47

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....2033

P. O. Address.....

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.