

FILED DEC 26 1947

Registration District No. 134

Primary Registration District No. 5712

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Near Maitland, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1031 E. 10th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Janice Marie Ellen Laabe
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Infant
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Dec. 2 - 1947
(Month) (Day) (Year)

8. AGE: Years 2 Months 2 Days 10
If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Mr. Eldon Larabee
Elmwood, Mo. Howardaway County
(City, town, or county) (State or foreign country)

14. Maiden name Eula Madsen
15. Birthplace Howardaway County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Eldon Larabee
(b) Address Maitland, Mo.

17. (a) Burial (b) Date thereof 12-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Maitland, Mo.

19. (a) Dec 10 - 47 (b) J. Chazy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44
(c) City or town Maitland (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile north of Maitland
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 12th.
Year 1947 hour 6 minute 20 A. M.
21. I hereby certify that I attended the deceased from December 2nd, 1947, to December 12, 1947, that I last saw her alive on December 8, 1947, and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac failure Duration

Due to Possibly a congenital heart disease
Due to Unknown

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

Major findings:
Of operations.....
Of autopsy..... 157K

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)
(2) Means of injury 5

23. Signature W. R. Piteoum, D.O. or other.....
Address Maitland, Mo. Date signed 12-12-47

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

Dr. J. L. ...
Wounded City
Mo.
DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *G. M. Atkinson*

Licensed Embalmer No. *2279*

P. O. Address *Marionville 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.