

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5537

FILED MAR 1 1948

Registration District No. 248/8

Primary Registration District No. 5790

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Missouri

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

(c) Name of hospital or institution:
Residence 1
(If not in hospital or institution, write street number or location)

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

In this community 5 mo years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 7 miles South East of East Prairie
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME FRANCIS ANN LAFFERTY

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 2 1948 to Jan 2 1948

that I last saw her alive on Jan 2 1948 and that death occurred on the date and hour stated above.

4. Sex Female 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 12 1947
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
	<u>5</u>	<u>20</u>	hr. _____ min.

Immediate cause of death: Pertussis & Pneumonia

Duration: 3 wks & 1 wk

Due to _____

Due to _____

Other conditions: _____ (Include pregnancy within 3 months of death)

9. Birthplace Mississippi Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name James W. Lafferty

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

14. Maiden name Thelma Ditto

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

Major findings: A

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant James W. Lafferty

(b) Address East Prairie Mo Rt 2

17. (a) Burial (b) Date thereof Jan 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rogwood

18. (a) Signature of funeral director Harro Shelby

(b) Address East Prairie Mo

19. (a) 2-4-48 (b) Gertude S. Harper
(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) _____

(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)

(e) Means of injury 0

23. Signature A. J. Marsh (M. D. or other) _____

Address East Prairie Mo Date signed 1-6-48

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

RECEIVED

District Health Office No. 2,

District File Number 248-292

Date Filed 2-25-48

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

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prussia, Pa.

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.