No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9915

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 73

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Elvins, Mo Rt. # 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 (Randolph Twp.)
(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, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Elvins, Mo Rt. # 1 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ALFRED A. LAHAY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Ida Belle Lahay
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased August (Month) 12 (Day) 1874 (Year)

8. AGE: Years 73 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Jefferson County, Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Frank Lahay 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Francis Thurman
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Belle Lahay
(b) Address Elvins, Mo Rt. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Francois Memo.
18. (a) Signature of funeral director SPARKS
(b) Address Flat River, Mo
19. (a) 3-10-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 2899

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 th.
year 1948 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from Mch 1 1948 to Mch 8 1948
that I last saw him alive on Mch 7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Surgery for removal Large Abdominal Tumor
Due to
Other conditions Asthma
(Include pregnancy within 3 months of death)
Major findings:
Of operations 935
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury 0

23. Signature F. W. Gale (M. D. or other)
Address Bismarck Mo Date signed 3/8/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Y

District File Number 348-366

Date Filed 3-16-48

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 Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River 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.