. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

29624

State File No.

FILED SEP 20 1948

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 35

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Oregon 75
(c) City or town Rosh Konong
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sharyon Lou Lasater
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F1 5. Color or race W 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 1 (Month) 5 (Day) 1948 (Year)

8. AGE: Years | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace West Plains MO (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Oran B. Lasater
13. Birthplace Oregon Co., Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Helen Auhorn
15. Birthplace Medford Nunn (City, town, or county) (State or foreign country)
16. (a) Informant O.B. Lasater
(b) Address Rosh Konong MO
17. (a) B (Burial, cremation, or removal) (b) Date thereof 7/15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Eck Creek
18. (a) Signature of funeral director Robertsons
(b) Address West Plains MO
19. (a) Sept 8-48 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 279

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 14 year 1948 hour 5 minute A.M.
21. I hereby certify that I attended the deceased from 7-13- 1948, to 7-14- 1948; that I last saw her alive on 7-13- 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Gastro-Enteritis	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 119a	
Of autopsy	

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
23. Signature E. C. Bohrer (M. D. or other) MD
Address West Plains Mo Date signed 7-20-48

Bohrer

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

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

RECEIVED 9-13-48
District Health Officer No. 5,
District File Number 948585
Date Filed 9-14-48

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 A D Roberts

Licensed Embalmer No. 3432

P. O. Address West Paris, Me

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.