FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1948

Registration District No. 141

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5551

State File No. 36316

Registrar's No. 48

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

1. PLACE OF DEATH:
(a) County Usual Residence 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: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community All of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell 46
(c) City or town "Rural" Howell Twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No. W. Plains, Mo., Rover Route 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JAMES WORD LAFFOON
3. (b) If veteran, name war no
3. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lottie Emerson Meade
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased March (Month) 14, (Day) 1861 (Year)

8. AGE: Years 87 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Howell County, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James Word Laffoon
13. Birthplace (City, town, or county) N.C. (State or foreign country)
MOTHER
14. Maiden name Basha Boles
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. J. W. Laffoon
(b) Address West Plains, Mo. Rover Rt.
17. (a) Howell Val. Cem. (Burial, cremation, or removal) (b) Date thereof Nov. 14, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Howell Co., Mo.
18. (a) Signature of funeral director Hal Thornburgh
(b) Address West Plains, Mo.
19. (a) Dec 1-48 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 379

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11, year 1948 hour 10: minute p. M.

21. I hereby certify that I attended the deceased from July 3, 1946 to Nov 11, 1948 that I last saw him alive on June 30, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis and Coronary Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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

23. Signature Robert Amit M.D. M.D. (M. D. or other)
Address West Plains, Mo Date signed 15-11-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-6-48
District Health Officer No. 5,
District File Number 1248 750
Date Filed 12-6-48

VS JUL 16 1959

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, ~~XXXX~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.