

Primary Registration District No. 3061

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

1. PLACE OF DEATH:

(a) County St. Francis
(b) City or town Flat River, Mo.
(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 St. Francis
(c) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 20 Stanley St. Flat River, Mo.
(If rural, give location)
Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mrs. Louis LaChance

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 24
year 1948 hour 7 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from Nov 29, 1947 to Nov 24, 1948
that I last saw h. IM alive on NOV 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
7. (b) Name of husband or wife Julia LaChance 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Jan 15 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 9 If less than one day _____ hr. _____ min.

Due to arterio sclerosis

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

Due to _____

10. Usual occupation Retired

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

11. Industry or business St. Joseph Lead Co.

Major findings: _____
Of operations _____
Of autopsy _____

12. Name Mrs. Joe Louis LaChance

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

14. Maiden name Eizabeth Jones

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

16. (a) Informant Mrs. Louis LaChance

(b) Address 20 Stanley St. Flat River, Mo.

17. (a) Burial (b) Date thereof Nov 26 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francis Memorial Park

18. (a) Signature of funeral director Alvin W. Hood

(b) Address 303 Crane St. Flat River, Mo.

19. (a) 12-1-48 (b) Ethel R. Rudloff
(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 _____

23. Signature L. H. Campbell (M. D. or other) MD
Address Flat River, Mo. Date signed 11.24.48

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

Death Officer No. 4
Burial Number 1248-1529
Date Filed 12-6-48

1958

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Cranst. Flak Row, 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.