

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16785

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville	
c. LENGTH OF STAY (In this place) 52 Yrs.		d. STREET ADDRESS (If rural, give location) 804 Ward, Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 804 Ward, Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) LEWIS		c. (Last) LAForge		4. DATE OF DEATH (Month) (Day) (Year) June 7, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 11, 1897		9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director			10b. KIND OF BUSINESS OR INDUSTRY x		11. BIRTHPLACE (State or foreign country) Caruthersville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Alphonse LaForge		13b. MOTHER'S MAIDEN NAME Letitia Lewis		14. NAME OF HUSBAND OR WIFE Elizabeth LaForge		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. 1		17. INFORMANT'S SIGNATURE OR NAME Mrs. J. L. Laforge		ADDRESS Caruthersville Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun-shot wound in head.				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO: (b) _____ DUE TO: (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				2976x	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Caruthersville, Pemiscot, Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 7, 1949 6A.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self inflicted	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE James A. Osburn (Degree or title) Coroner		23b. ADDRESS Caruthersville, Mo.		23c. DATE SIGNED 6-7-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-9-49		24c. NAME OF CEMETERY OR CREMATORY Little Prairie	
				24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.	

DATE REC'D BY LOCAL REG. June 10, 1949		REGISTRAR'S SIGNATURE Fredie B. Wilke		25. FUNERAL DIRECTOR'S SIGNATURE H. S. Smith		ADDRESS Funeral Home Caruthersville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6-49-151

JUN 27 1949

SEP 14 1949

JUN 17 1949

JAN 25 1951

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.....

Student Embalmer No.

working under my personal supervision.

Signed James A. Osburn

Signed.....
Student Embalmer

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.