

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29482

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1034

0117

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BUCHANAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. JOSEPH</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. JOSEPH</u>	
c. LENGTH OF STAY (in this place) <u>25 Years</u>		d. STREET ADDRESS (If rural, give location) <u>2409 FRANCIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME 2409 FRANCIS</u>			

3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>JEFFERSON</u> c. (Last) <u>LaFORCE</u>			4. DATE OF DEATH (Month) <u>SEPT.</u> (Day) <u>12</u> (Year) <u>1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 30, 1865</u>	9. AGE (In years last birthday) <u>84</u> if under 1 year Months <u>10</u> Days <u>13</u> if under 12 hrs. Hours <u>13</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>EXCHANGE MANAGER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TELEPHONE CO.</u>	11. BIRTHPLACE (State or foreign country) <u>BOONE CO. MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>WILLIAM R. LaFORCE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ELLEN HUNTER</u>	14. NAME OF HUSBAND OR WIFE <u>ELEANOR BRASEFIELD LaFORCE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>499-16-4054</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. W.J. LaFORCE</u> ADDRESS <u>ST. JOSEPH, MO.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senescence</u>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov. 1948, to 12 Sept. 1950, that I last saw the deceased alive on 11 Sept. 1950, and that death occurred at 12:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>William P. McDonald M.D.</u> (Degree or title)	23b. ADDRESS <u>301 N. 8th St.</u>	23c. DATE SIGNED <u>12 Sept 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-13-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SMITHVILLE MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 13, 1950</u>	REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE <u>McCOMAS FUNERAL HOME</u> ADDRESS <u>SMITHVILLE MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student

Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Missouri

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.