

FILED OCT 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29525

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1021

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

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELEANOR</b>			b. (Middle) <b>J.</b>			c. (Last) <b>LAFORCE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 2 1951</b>			
5. SEX <b>FE</b>		6. COLOR OR RACE <b>WH</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>JUNE 1, 1872</b>			9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>1</b>	IF UNDER 24 HRS. Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>JOHN C. BRASFIELD</b>			13b. MOTHER'S MAIDEN NAME <b>MINNIE J. THATCHER</b>			14. NAME OF HUSBAND OR WIFE <b>WILLIAM J. LAFORCE (DEC.)</b>		
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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) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>LOUISE LAFORCE</b>		ADDRESS <b>2409 FRANCIS ST. JOSEPH MO</b>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Cerebral hemorrhage</b>				<b>5 days</b>	
		ANTECEDENT CAUSES		DUE TO (b) <b>Arteriosclerosis, general</b>				<b>5 yrs.</b>	
				DUE TO (c) <b>331X</b>					
		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 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10-2, 1951, to 10-25, 1951, that I last saw the deceased alive on 10-2, 1951, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <i>[Address]</i>		23c. DATE SIGNED <b>10-3-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT. 4, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>SMITHVILLE MISSOURI</b>	
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DATE REC'D BY LOCAL REG. <b>Oct. 3, 1951</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>MCCOMAS FUNERAL HOME</b>		ADDRESS <b>SMITHVILLE, MO.</b>	
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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.