

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

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 17 1947

Registration District No. ....

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41504

Primary Registration District No. 3023

Registrar's No. 259

1. PLACE OF DEATH:

(a) County: Henry  
(b) City or town: Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Webster Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 24 hrs  
In this community: 40 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry  
(c) City or town: Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No: 1/2 mile west of Coal mo  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME: EARL SYLVESTER LARONT

3. (b) If veteran, name war: no 3. (c) Social Security No.: none

4. Sex: male 5. Color of hair: white  
6. (a) Single, widowed, married, divorced: widowed  
6. (b) Name of husband or wife: .....

7. Birth date of deceased: April 9 1878  
(Month) (Day) (Year)

8. AGE: Years: 69 Months: 7 Days: 19  
If less than one day: .....

9. Birthplace: Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: .....

12. Name: John S. LaRont

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

14. Maiden name: Mary Jane Weber

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

16. (a) Informant: Mrs Raymond East  
(b) Address: Clinton Mo

17. (a) Rural (b) Date thereof: 12-9-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Englewood Cem

18. (a) Signature of funeral director: Consalus Beck  
(b) Address: Clinton Mo

19. (a) 12-9-47 (b) R. B. Kenney  
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 7  
year: 1947 hour: 4 minute: 0 M.

21. I hereby certify that I attended the deceased from December 4  
to December 7 1947  
that I last saw h. in alive on Dec 7 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis  
Due to acute myocardial infarction =  
sufficiency  
Due to chronic bronchial asthma  
Other conditions: .....

Duration: .....

Major findings: .....

PHYSICIAN: .....

22- If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) .....

23. Signature: Edward Barrett D.O.  
Address: Clinton, Mo Date signed: 12-8-47

JAN 15 1948

FEB 9 1940

DATE FILED  
DISTRICT FILE NUMBER 18-17-47  
CLERK OF HEALTH OFFICER NO. 7  
REGISTERED

DEC 19 1947

JAN 16 1948

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 J. E. Consolet  
Licensed Embalmer No. 1891

P. O. Address Ashtaburgh

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.