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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32712

Registration District No. 137

Primary Registration District No. 4213

Registrar's No. 220

1. PLACE OF DEATH:

(a) County ~~Montrose~~ Henry  
(b) City or town Montrose, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 80 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED: HENRY 47

(a) State Mo (b) County Bates  
(c) City or town Montrose, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John Alexander Lasiter

3. (b) If veteran, name war

no

3. (c) Social Security No.

no

4. Sex

MD

5. Color or race

W

6. (a) Single, widowed, married, divorced

widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased

Aug (Month)

24 (Day)

1866 (Year)

8. AGE:

Years

Months

Days

If less than one day

82

2

6

hr.

min.

9. Birthplace

Unknown (City, town, or county)

Tenn. (State or foreign country)

10. Usual occupation

RETIRED CARPENTER

11. Industry or business

MOTHER, FATHER

12. Name JOHN A. LASITER

13. Birthplace Unknown (City, town, or county)

Tenn. (State or foreign country)

14. Maiden name MARTHA BHOAPES

15. Birthplace Unknown (City, town, or county)

Tenn. (State or foreign country)

16. (a) Informant

Mrs. H. C. Turner

(b) Address

Montrose Mo.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof Nov 1 - 48 (Month) (Day) (Year)

(c) Place: burial or cremation

Montrose, Mo.

18. (a) Signature of funeral director

Oscar Eckhoff

(b) Address

Appleton City, Mo.

19. (a) 10-30-48 (Date received local registrar)

(b) R. B. Kennedy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30 year 1948 hour 1 minute 30 a.m.

21. I hereby certify that I attended the deceased from Dec. 27, 1947, to Oct. 29, 1948; that I last saw him alive on Oct. 29, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death

Ch. myocardios

Due to arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)

(c) Means of injury

23. Signature W. E. Baggarly (M. D. or other) MD  
Address Montrose Mo Date signed 11/30/48

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

