

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 277

Primary Registration District No. 6026

Registrar's No. 19

90000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County REYNOLDS
(b) City or town CENTERVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: L. Carroll Tufts
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County REYNOLDS
(c) City or town CENTERVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 1942
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from July 22
July 25 1942 to _____ 19 _____
that I last saw him alive on July 23 1942
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME HAROLD THOMAS LARAMORE
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex MALE 5. Color or race WHITE 6. (g) Single, widowed, married, divorced W. DOWER
6. (b) Name of husband or wife VINA LARAMORE 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 27 1959
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 2 28 hr. _____ min.

9. Birthplace WASHINGTON, MO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation PUBLIC WORK

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES CARRIE LARAMORE
13. Birthplace _____ TENN.
(City, town, or county) (State or foreign country)
14. Maiden name MISSOURI HUETT
15. Birthplace _____ TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant MR. JAMES LARAMORE
(b) Address CENTERVILLE, MO.

17. (a) BURIAL (b) Date thereof 7/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CENTERVILLE
18. (a) Signature of funeral director Dr. J. L. Lushel
(b) Address Center, Mo.

19. (a) July 25 42 (b) Mae Perry Wallington
(Date received by local registrar) (Registrar's signature)

Immediate cause of death Cerebral hemorrhage
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) g3a

Major findings: Of operations _____
Of autopsy _____
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) (e) Means of injury _____

23. Signature J. R. Potts (M. D. or other) _____
Address Centerville, Mo. Date signed July 25 42

RECEIVED

District Health Officer No. 5

District File Number 842782

Date Filed 8-20-42

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RECEIVED

District Health Officer No. 5,

District File Number 842632

Date Filed _____

Boyd
no

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 _____
working under my personal supervision, 7/25/42, Registered Apprentice No. _____

Signed L. S. P. Lusk

Licensed Embalmer No. 3475

P. O. Address Clinton 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.