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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32262**

Registration District No. **316**

Primary Registration District No. **6074**

Registrar's No. **330**

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

1. PLACE OF DEATH:

(a) County **ST. FRANCOIS**

(b) City or town **LEADWOOD**
(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 **None**
(Specify whether years, months or days)

In this community **63 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **ST. FRANCOIS**

(c) City or town **LEADWOOD**
(If outside city or town limits, write "RURAL")

(d) Street No. **None**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **LEWIS EDWARD LACHANCE**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **493-20-3692**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **15**
year **1947** hour **9** minute **P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **HATTIE LACHANCE**

6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **JAN 23 1884**
(Month) (Day) (Year)

Immediate cause of death **Coroner Jerry Rudolph**
Death due to Natural Causes

Due to **apparently heart attack**

8. AGE:	Years	Months	Days	If less than one day
	63	7	23	hr. _____ min.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace **MINE LA MOTTE MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **MERCHANT**

11. Industry or business **STONE GROCERY**

MOTHER FATHER

12. Name **HENRY LACHANCE**

13. Birthplace **PTOSI MO**
(City, town, or county) (State or foreign country)

14. Maiden name **ELIZABETH STOUT**

15. Birthplace **UNKNOWN MO**
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy **950**

Underline the cause to which death should be charged statistically.

16. (a) Informant **HATTIE LACHANCE**

(b) Address **LEADWOOD MO**

17. (a) **BURIAL** (b) Date thereof **Sept 18 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MINE LA MOTTE, MO**

18. (a) Signature of funeral director **Bert R. Boyd**

(b) Address **Leadwood MO**

19. (a) **9-30-47** (b) **Ether Rudolph**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**

(b) Date of occurrence **None**

(c) Where did injury occur? **None**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury

23. Signature **Bert R. Boyd** (M. D. or other) **Coroner**

Address **Farmington, MO** Date signed **9/16/47**

RECEIVED

District Health Officer No. 4
District File Number 1047-1276
Date Filed 10-6-42

OCT 6 1942

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

But L. Boyer

Licensed Embalmer No.

34415

P. O. Address

Leadwood 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.