

S. No. 2  
4-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28356**

Registration District No. **376**

Primary Registration District No. **6075**

Registrar's No. **142**

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

1. PLACE OF DEATH:  
(a) County **St. Francois**  
(b) City or town **Esther, Missouri**  
(c) Name of hospital or institution: **Family Residence**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME **Dortha Jane La Brot**  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
(b) Name of husband or wife **Guy La Brot**  
(c) Age of husband or wife if alive **54** years  
7. Birth date of deceased **March 31 1899**

8. AGE: Years **46** Months **4** Days **27** If less than one day **9 hr. 35 min.**

9. Birthplace **Coffman, Missouri**

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name **Jerry Haney**  
13. Birthplace **Coffman, Missouri**  
14. Maiden name **Weatherington**  
15. Birthplace **Coffman, Missouri**

16. (a) Informant **Guy La Brot**  
(b) Address **Esther, Missouri**

17. (a) **Memorial Park** (b) Date thereof **Aug. 29-45**

(c) Place: burial or cremation **Burial**  
(d) Signature of funeral director **Beech Books**

(e) Address **Flat River, Missouri**

19. (a) **9/4/45** (b) **Ether Rudloff**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St Francois**  
(c) City or town **Esther, Missouri**  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **27** year **1945** hour **9:35** minute **17** M.  
21. I hereby certify that I attended the deceased from **June 9** 1945 to **Aug 27** 1945; that I last saw her alive on **Aug 27** 1945; and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer - Liver 1/2-1yr**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Hb**  
(Include pregnancy within 3 months of death)

Major findings: **Cancer - Liver**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(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. W. Zupan** (M. D. or other) \_\_\_\_\_  
Address **Flat River, Mo.** Date signed **9/29/45**

1397

MAY 6 1947

RECEIVED

District Health Officer No. 4  
District File Number 945-1108  
Date Filed 9-10-45

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 Lucretia Paetz

Licensed Embalmer No. 4287

P. O. Address Flat Ruei No

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.