

FILED JAN 11 1944

Registration District No. 92

Primary Registration District No. 5334

Registrar's No.

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

29
0
0

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Lockwood Twp Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community xxxxxxlifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dade

(c) City or town Lockwood Rural
(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 _____

3. (a) PRINT FULL NAME Edward Lewis Lasater

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ida Lasater 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Dec. 1st 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months x Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Dade Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Hardy Lasater

{ 13. Birthplace So. Carolina (City, town, or county) (State or foreign country)

{ 14. Maiden name Casander Walker

{ 15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Ode Lasater

(b) Address Lockwood, Mo.

17. (a) Collins (b) Date thereof Dec 12-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collins

18. (a) Signature of funeral director Ray Caldwell

(b) Address Lockwood, Mo.

19. (a) Dec. 09, 1943 (b) Burman M. C. C. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10, 1943
year 1943 hour nine minute 30 WPM

21. I hereby certify that I attended the deceased from 12-10-43
_____, 19____, to 12-10, 1943
that I last saw h. im alive on 12-10-43, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism

Due to _____

Due to _____

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) (e) Means of injury _____

23. Signature H. O. Cowan (M. D. or _____)

Address Greenfield, Mo. Date signed _____

10 X 3

RECEIVED

District Health Officer No. 6

District File Number 144-21

Date Filed 1-6-44

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.....

Licensed Embalmer No. 3380

P. O. Address Lockwood Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.