S. No. 2
M—2-43
. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34267

State File No.

FILED NOV 9 1945

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 126

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
924 N Young St. Sale Memorial 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Dead on arrival Hospital
(Specify whether
In this community Less Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Neosho 3
(If outside city or town limits, write "RURAL")
(d) Street No. 924 N. Young St 2
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Barbara Ellen LaPheer

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 18th (Day) 1943 (Year)

8. AGE: Years 2 Months 1 Days 2 If less than one day hr. min.

9. Birthplace Washington (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business Child

MOTHER
12. Name Alfred Joseph LaPheer
13. Birthplace New Haven (City, town, or county) Missouri 0 (State or foreign country)

FATHER
14. Maiden name Ella Paula DeHarpporter
15. Birthplace Carrollton (City, town, or county) Missouri 1 (State or foreign country)

16. (a) Informant Alfred Joseph LaPheer
(b) Address Kirkwood Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 20 1945 (Month) (Day) (Year)

(c) Place: burial or cremation New Haven Missouri

18. (a) Signature of funeral director The Bigham Mortuary
(b) Address Neosho Missouri

19. (a) Oct 20, 1945 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20
year 1945 hour 12 minute 458 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.

	Duration
Immediate cause of death: Suffocation with Natural Gas	
Due to: Monoxide Poison	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 73
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Oct. 20-1945
(c) Where did injury occur? Neosho (City or town) Newton (County) Missouri (State)
(d) Did injury occur in or about home, ~~on farm, in industrial place, in public place~~?
Home
(Specify type of place)
While at work? (e) Means of injury

23. Signature James G. Farrell Acting Coroner (M. D. or other)
Address Neosho Mo. Date signed 10/20/45

1462 (Licensed Embalmer's Statement on Reverse Side)

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

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.

RECEIVED NOV 8 1945

District Health Officer No.

District File Number 1045-201

Date Filed NOV 8 1945

Signed Warren K. Hannah

Licensed Embalmer No. 4400

P. O. Address.....

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.