

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**39906**  
Do not use this space.

DEC 15 1939

1. PLACE OF DEATH <sup>2</sup>  
 (a) County Jasper Registration District No. 408  
 (b) Township Carthage Primary Registration District No. 3020  
 or Carthage (d) Street No. 710 E. 10th St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (c) City Carthage (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 (e) Length of residence in city or town where death occurred 56 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME <sup>5210</sup> Alvin Gard Laingor  
 (a) Residence, No. 710 E. 10th St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF Elizabeth Embree  
 (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>76</u>	<u>0</u>	<u>29</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Marshall /  
 (STATE OR COUNTRY) Ill.

FATHER  
 13. NAME Geo. Laingor /  
 14. BIRTHPLACE (CITY OR TOWN) Unknown /  
 (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. E. G. Wilber  
 (ADDRESS) Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Park Cemetery DATE 11-7, 1939

19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home  
 (ADDRESS) Carthage, Mo.

20. FILED Nov. 6, 1939 E. J. McEntire, R.D. 81  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1932, to Nov 5, 1939  
 last seen alive on Nov 5, 1939 Death is said to have occurred on the date stated above, at 10:45 A. M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset 1937

Other contributory causes of importance: g.c.

Name of operation none Date of none  
 What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) George H. Lott, M.D.  
 (Address) 6423 Main Carthage, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 139-2695

Date Filed DEC 14 1939

*Story*

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**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 *Ed [unclear]*  
Licensed Embalmer No. 2722  
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, above space should be left blank.**