

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. 34009

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Lafayette
 (b) City or town Lafayette
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
820 Highland
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 50 yrs
 years, months or days)

3. (a) PRINT FULL NAME WILLIAM J. TABB

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

4. Sex mao 5. Color or race w 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Laura E. Heilig 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 25 If less than one day _____ hr. _____ min.9. Birthplace Owensboro Ky (City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business _____

12. Name Wm Tabb
 13. Birthplace Ky (City, town, or county) (State or foreign country)
 14. Maiden name Martha Huston
 15. Birthplace Wm Tabb Ky (City, town, or county) (State or foreign country)

16. (a) Informant Wm Tabb
 (b) Address Lafayette, Mo
 17. (a) Burial (b) Date thereof Oct 24-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lafayette, Mo

18. (a) Signature of funeral director James H. Tempel
(b) Address Lafayette, Mo19. (a) 10-30-46 (b) William E. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Lafayette
 (c) City or town Lafayette
 (If outside city or town limits, write "RURAL")
 (d) Street No. 820 Highland
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1946 hour 3 minute 50 A M.

21. I hereby certify that I attended the deceased from Sept 16
1946 to Oct 22, 1946
 that I last saw him alive on Oct 21, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cancer of Stomach Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations 46 B

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:

(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 023. Signature Ben H. Brocher (M. D. or other) _____
Address Lafayette, Mo Date signed 10/23/46

(Licensed Embalmer's Statement on Reverse Side)

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

B. B. B. B.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-2-46.....

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 *J. E. McKeen*.....

Licensed Embalmer No. 2183.....

P. O. Address *Washington 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.