

S. No. 2
M-5-42
7-5-17-39
I X32873

DEPARTMENT OF COMMERCE

BUREAU OF THE REGISTERS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37769

State File No. _____

FILED DEC 8 1942

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 363

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: City Hospital # 20
(d) Length of stay: In hospital or institution...
In this community... 70 yrs. 7 mo. 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Marshall Mo RR #1
(d) Street No. Marshall Junct Mo
(e) Citizen of foreign country? _____ (Yes or No)

3. (a) PRINT FULL NAME RICHARD LAWARNCE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 7 year 1942 hour 1 P minute _____ M.

4. Sex M 5. Color or race Negro
6. (a) Single, widowed, married 1 divorced Married
6. (b) Name of husband or wife Annie Lawrence 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 18 72

21. I hereby certify that I attended the deceased from Nov 1 1942 to Nov 7 1942 that I last saw him alive on Nov 4 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>7</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death: Cardiac Decomposition

9. Birthplace Saline Co Mo

Due to _____
Due to _____

10. Usual occupation farmer

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business farm

Major findings: none
Of operations _____
Of autopsy none

12. Name Samuel Lawrence

13. Birthplace Unknown

14. Maiden name Harrist Shaepleff

15. Birthplace Ida

16. (a) Informant Sharon Lawrence
(b) Address Marshall Junct Mo

17. (a) Burial (b) Date thereof 11-10-42
(c) Place: burial or cremation Funerish Creek Id

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature M. Berger M. D. or other _____
Address 118 1/2 W Main Sedalia Mo Date signed 11/9/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

Sanit Health Officer No. 8,

Sanit File Number

Date Filed 12-7-42

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 F. O. Ferguson

Licensed Embalmer No. 2172

P. O. Address Adelphia

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.