

FILED JAN - 8 1942

Registration District No. ....

Primary Registration District No. 6086

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall Mo R.R. #1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
Rural Salt Fork Trwp 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 6 months  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME CHARLES LAWRENCE

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

4. Sex M 5. Color or race 9 Negro 6. (a) Single, widowed, married divorced married  
6. (b) Name of husband or wife Mary H. Lawrence 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Unknown 1877  
(Month) (Day) (Year)

8. AGE: Years 65 Months Days If less than one day  
hr. min.

9. Birthplace Saline Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business apartments

12. Name Law Lawrence

13. Birthplace Saline Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name H. Ernest Shackelford

15. Birthplace Pa 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Lawrence

(b) Address Marshall Mo R.R. 1

17. (a) Finnish Creek Cem (b) Date thereof 12 8 1942  
(Burial, cremation, or inquest) (Month) (Day) (Year)

(c) Place: burial or cremation Finnish Creek Saline Mo

18. (a) Signature of funeral director J. D. Ferguson

(b) Address Sedalia Mo

19. (a) Dec 7th 1942 (b) Mrs. W. E. Shackelford  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97  
(c) City or town Marshall Mo R.R. 1 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Salt Fork Trwp  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 4th  
year 42 hour 1.20 min noon

21. I hereby certify that I attended the deceased from Oct 10 1942 to Dec 4 1942  
that I last saw him alive on Oct 10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death arterial sclerosis 4 yrs  
Due to  
Due to

Other conditions none  
(Includes pregnancy within 3 months of death)

Major findings: 97  
Of operations  
Of autopsy

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 J. D. Ferguson (M. D. or other)  
Address Marshall Mo Date signed 12/7/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

1-7-43

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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 \_\_\_\_\_

*F. D. Ferguson*

Licensed Embalmer No. \_\_\_\_\_

2172

P. O. Address \_\_\_\_\_

*Sedalia*

**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.**