

FILED JUL 22 1946

Registration District No. **224**

Primary Registration District No. **272**

Registrar's No. **116**

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(c) Name of hospital or institution:
549 S. Lincoln
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 30 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 549 S. Lincoln
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LESTER FOX LAWRENCE

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

4. Sex MA 5. Color or race B. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lucy Lawrence 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct - 15 - 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 8 21 hr. min.

9. Birthplace Marshall MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {
12. Name Samuel Lawrence
13. Birthplace Virg.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lucy Lawrence

(b) Address Marshall MO

17. (a) Burial (b) Date thereof 7-9-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
Marshall Cem. Saline Co MO

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall MO

19. (a) 7/6/46 (b) Miss Oberbach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1946 hour 7 minute 23 A.M.

21. I hereby certify that I attended the deceased from April 1st
1946, to July 6 1946
that I last saw him alive on July 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death:
Leucorrhoea of liver
& Myocarditis
Due to Don't know

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings:
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?
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature W. T. Harrison (M. D. or other) _____
Address Marshall MO Date signed 7-6-46

Duration

Don't know

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-20-46

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 Harry Heishberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.