

FILED AUG 27 1947

Registration District No. **247**

Primary Registration District No. **3072**

Registrar's No. **157**

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

1. PLACE OF DEATH:

(a) County **Saline**
 (b) City or town **Marshall** *Mo.*
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
268 South Jefferson /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community **Since 1880**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline** **97**
 (c) City or town **Marshall** /
(If outside city or town limits, write "RURAL")
 (d) Street No. **268 South Jefferson** **2**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Mettie Charlotte Laurie**

3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow** **2**
 6. (b) Name of husband or wife **William B. Laurie** 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **December 28th, 1856**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	6	29	hr. min.

9. Birthplace **Saline County, Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business.....

12. Name **Joseph B. Smith**
 13. Birthplace **Saline County, Missouri** **0**
(City, town, or county) (State or foreign country)
 14. Maiden name **Harriet Land**
 15. Birthplace **Unknown Virginia** /
(City, town, or county) (State or foreign country)

16. (a) Informant **H. B. Laurie**
 (b) Address **Marshall, Mo.**

17. (a) **Burial** (b) Date thereof **July 29, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ridge Park cemetery**

18. (a) Signature of funeral director **Campbell**
 (b) Address **Marshall, Mo.**

19. (a) **July 29, 1947** (b) **Didney T. Gray**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**
 year **1947** hour **3** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **July 20**, to **July 27**, 19**47**;
 that I last saw her alive on **July 26**, 19**47**
 and that death occurred on the day and hour stated above.

Immediate cause of death.....
No particular disease -

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)
Chronic bronchial asthma

Major findings:
 Of operations.....

Of autopsy..... **11/2**

22. If death was due to external causes, fill in the following:

(c) 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) (c) Means of injury

23. Signature **M. D.** (M. D. or other)

Address **Marshall Mo** Date signed **7-30-47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer ~~W. S.~~

District File Number

Date Filed

8-26-47

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

John T. Lewis

Licensed Embalmer No. *1171*

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.