

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 17 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7146  
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 423  
 (b) Township Albion Primary Registration District No. 5578 Registered No. 6  
 (c) City..... (d) Street No.....  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LAWRENCE CLATON CHAMP 510  
 (a) Residence, No. BARNHART, MO. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22-1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
16 4 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as saw mill, bank, etc. None  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

FATHER 13. NAME Ben Champ

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Ora Sims

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Ben Champ Barnhart Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Burgess Cemetery Feb. 12 1938

19. FUNERAL DIRECTOR (ADDRESS) Haight of Funeral Home Springfield Mo.

20. FILED Feb 12 1938 Phil J. Wick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9-1938

22. I HEREBY CERTIFY, that I attended deceased ~~from~~ 19 to 19

Deceased alive on 19 Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

I hereby certify that I was called to view the dead body of the deceased on Feb 9-1938

Other contributory causes of importance: 193  
 Cause of death was: Electrocution

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury Feb 9, 1938  
 Where did injury occur? Barnhart Mo.  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Electrocuted when iron pipe  
 Nature of injury fell against electric wire

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify Frank Frazier, Coroner

(Signed) Frank Frazier, Coroner  
 (Address) Festus, Mo.

STATEMENT BY LICENSED EMBALMER

I, Elmer E. Heiligtag, Licensed Embalmer No. 3571

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Elmer E. Heiligtag  
Licensed Embalmer No. 3571

**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.)**