WHITE PLANET, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

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

OCT 18 1939

316211
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON
(b) Township KAW
(c) City KANSAS CITY
Registration District No. 399
Primary Registration District No. 1002
Registered No. 3719
(d) Street No. WESLEY HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 7 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 652 MRS. LILLIE MAY LAWRENCE
(a) Residence, No. 3016 EAST 72ND St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): SEPARATED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF HARRY F. LAWRENCE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 6 1877

7. AGE: Years 62 | Months 7 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
9. Industry or business in which work was done, as saw mill, bank, etc.
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) BURLINGTON IOWA

FATHER
13. NAME CHARLES RENZ
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA

MOTHER
15. MAIDEN NAME ADNEY SMITH
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. GLEN SPAULDING
(ADDRESS) 3016 EAST 72ND STREET

18. BURIAL, CREMATION, OR REMOVAL
PLACE CLINTON IOWA DATE SEPT. 24 1939

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY MISSOURI

20. FILED 9/24 1939 M. M. Crane
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1939, to Sept. 23, 1939
I last saw h.. alive on Sept. 23, 1939. Death is said to have occurred on the date stated above, at 2:30 A.m.
The principal cause of death and related causes of importance were as follows:

Starvation due to cerebral impairment causing difficulty swallowing, breathing, and talking. Probably due to a cerebral hemorrhage

Date of onset: Sept 1939?

Other contributory causes of importance: Rheumatic heart dis. 9 5 C

There was an autopsy but not of the brain

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. G. Eddy, M. D.
(Address) Wesley Hospital

(Licensed Embalmer's Statement on Reverse Side)

10-5 [illegible]

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address.....

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, above space should be left blank.