

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3469
Registrar's No. 7

Registration District No. 735

Primary Registration District No. 3034

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days) _____

3. (a) PRINT FULL NAME Howie W. Lawrence
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
Bufa Pearl Lawrence alive _____ years
7. Birth date of deceased July 11th 1896
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Lawrence

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name Elsie Baldwin

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

16. (a) Informant's own signature Miss Ruby Lawrence

(b) Address R.F.D. Renick Mo

17. (a) _____ (b) Date thereof Jan 14th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan & Son

(b) Address Moberly, Mo

19. (a) Jan. 14th 1940 (b) Leah Hilliard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Prairie, Township
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12th
year 1940 hour 6 minute 20 a.m.

21. I hereby certify that I attended the deceased from Jan 11
_____, 1940, to Jan 12, 1940;
that I last saw him alive on Jan 12, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental collision between auto and train causing head injuries Duration Jan 11 1940
fractures of legs + right thigh
Due to _____
corner, Dr. E.W. Shrader, hauled case

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) accidental

(b) Date of occurrence Jan 11, 1940

(c) Where did injury occur? Near Renick Randolph Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railway crossing

While at work? _____ (Specify type of place) _____
(e) Means of injury Collision between auto and train

23. Signature R.D. Streeton (M. D. or other) M.D.

Address Moberly, Mo Date signed Jan 15/40

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.

RECEIVED

District Health Office, No. 10

District File Number 2-40-397

Date Filed FEB 10 1940

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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, above space should be left blank.