

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 536

Primary Registration District No. 4328

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Missouri  
(b) City or town Princeton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days

8. (a) PRINT FULL NAME Ulysses Grant Laws 200  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)  
7. Birth date of deceased Nov. 7 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>3</u>	<u>0</u>	hr. min.

9. Birthplace \_\_\_\_\_ (City, town, or county) Mo O (State or foreign country)

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER  
12. Name William Laws G  
18. Birthplace Unknown (State or foreign country)  
14. Maiden name Keaton J  
15. Birthplace Unknown (State or foreign country)

16. (a) Informant's own signature Estelle Foster  
(b) Address Princeton  
17. (a) Pine (Burial, cremation, or removal) (b) Date thereof Feb 9 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Pine  
18. (a) Signature of funeral director Paul Massey  
(b) Address Princeton Mo  
19. (a) 2/9-40 (Date received local registrar) (b) J M Perry (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Missouri  
(c) City or town Princeton (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 Feb day 7 year 1940 hour 8 minute a M.  
21. I hereby certify that I attended the deceased from Feb 7 1940 to Feb 7 1940 that I last saw him alive on Feb 7 and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic stroke  
apoplexy  
Due to arteriosclerosis  
Due to Cerebral arteriosclerosis  
hypertension  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Duration
<u>none</u>
<u>acute</u>

Major findings: Of operations no  
Of autopsy no

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) no  
(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? no  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J M Perry (M. D. or other) Address Princeton Mo Date signed 2/24/40

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

Rev. 5-17-39

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. 11,  
District File Number 340-274  
Date Filed MAR 7 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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Noel Moss

Licensed Embalmer No. 2634

P. O. Address Princeton 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.**