

Registration District No. 652

Primary Registration District No. 5878

1. PLACE OF DEATH:  
(a) County Perry  
(b) City or town Rural  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Month 2 Days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ralph J. 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 \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 1939 years  
7. Birth date of deceased Sept. 7 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 5 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Wilbert J. Lawrence  
18. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Marie O. Michaud  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wilbert J. Lawrence  
(b) Address Perryville Mo

17. (a) Burial (b) Date thereof Feb. 12 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director James J. ...  
(b) Address Perryville Mo. 5015

19. (a) Feb 12 1940 (b) Job J. Zellmer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Perry  
(c) City or town Rural  
(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 10  
year 1940 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb. 1 1940 to Feb 10 1940  
that I last saw him alive on Feb 10 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Embolicus to brain  
Due to abscess cervical lymph gland. 10 days  
Other conditions (Include pregnancy within 3 months of death) 870

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
(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) (e) Means of injury \_\_\_\_\_  
28. Signature Lucas Carr (M. D. or other) !  
Address Perryville Mo Date signed 2-12-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

FORM 1 X1931

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**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..... *Edward G. Young* .....

Licensed Embalmer No. *2138* .....

P. O. Address *Perryville 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.**