

Registration District No. 411

Primary Registration District No. 5812

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Seneca Mo. R.1.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 7-0

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days 651

3. (a) PRINT FULL NAME ROBERT LAWRENCE, JR.

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 _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased June 6 - 1928
(Month) (Day) (Year)

8. AGE: Years 11 Months 9 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Neosho Mo. S.
(City, town, or county) (State or foreign country)

10. Usual occupation In school

11. Industry or business _____

MOTHER FATHER { 12. Name John Lewis Lawrence

13. Birthplace Joplin Mo. O.
(City, town, or county) (State or foreign country)

14. Maiden name Marjita Snow

15. Birthplace Neosho Mo. O.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John L. Lawrence

(b) Address Seneca Mo. R.1.

17. (a) Burial (b) Date thereof March 13 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho, Mo.

18. (a) Signature of funeral director W. T. Buzzard

(b) Address Seneca Mo. R.1.

19. (a) Mar 15, 40 (b) Merle Spahr
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Seneca Mo. R.1.
(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 3 day 12
year 40 hour 4 minute 6 M.

21. I hereby certify that I attended the deceased from 3-9-40
3 8 1940 to 3-13 1940
that I last saw him alive on 3-13 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis
Due to Rheumatic Fever

Due to 92 C.

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

Major findings: W. C. Barnard, M.D.
Of operations _____

Of autopsy _____

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 _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

RECEIVED

District Health Officer No. 6,

District File Number 440-962

Date Filed APR 5 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 _____

James Weldon Buzzard, Registered Apprentice No. 239
working under my personal supervision.

Signed PWT Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca 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.