DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14652

State File No.

Registration District No. 118

Primary Registration District No. 3445277A

Registrar's No. 72

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

1. PLACE OF DEATH:

(a) County Clay Fishing Mines

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether

In this community years, months or days) 82 yr 1 m 16 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. 2 mile West
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME EMMA LAWRENCE

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife George A. Lawrence

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March (Month) 9 (Day) 1858 (Year)

8. AGE: Years 82 Months 1 Days 16 If less than one day ___ hr. ✓ min.

9. Birthplace Clay Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Horace Lynn
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Eliza J Stony Ky
15. Birthplace Louisville (City, town, or county) Ky (State or foreign country)

16. (a) Informant Mrs Belle V. Tolt

(b) Address Excelsior Springs, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28-40 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs Mo

19. (a) 4-29-40 (Date received local registrar) (b) Mrs Ria McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1940 hour 3 minute a M.

21. I hereby certify that I attended the deceased from ✓, 19__, to ✓, 1940 that I last saw h__ alive on ✓, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar-Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(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? (Specify type of place)

While at work? (e) Means of injury ✓

23. Signature Mrs W L Mysong (M. D. or other) Corona

Address Liberty Clay Co Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-3-40

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 Virgil Hope, Registered Apprentice No. _____ working under my personal supervision.

Signed Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.