JUN 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Freeman 18435

State File No.

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 457

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: St. John Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Hours (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 326½ E. Commercial (If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Nora F. Lawler 460

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Lawler

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

7. Birth date of deceased March (Month) 25 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 72	1	25	hr. min.

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

10. Usual occupation Retired Housekeeper

11. Industry or business

FATHER
12. Name John Connelly
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Catherine Lucey
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant John Lawler

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cem.

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) May 21, 1940 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1940 hour 11 minute 20 a. M.

21. I hereby certify that I attended the deceased from 5/16, 1940, to 5/20, 1940 that I last saw her alive on 5/20, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Strangulated Bowel-Volvulus	2 days
Due to Vomiting from Indigestion	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	1

Major findings:
Of operations —— 12 21 P
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 no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 9 94 no (Specify type of place)

While at work? no (e) Means of injury

23. Signature D. F. Freeman (M. D. or other)

Address Springfield Mo Date signed 5/21/40

(Licensed Embalmer's Statement on Reverse Side)

Face

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.

X