

FILED NOV 25 1940

881

4538

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Washington Co
(b) City or town Potosi
(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 3
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Potosi
(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 Oct day 12 1940
year _____ hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from no physician, 19____ to _____, 19____;
that I last saw him alive on never, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death fracture of skull, right arm and lower jaw
Due to automobile accident ✓

Duration

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

Major findings:
Of operations _____
Of autopsy _____

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) accident
(b) Date of occurrence Oct. 12-1940
(c) Where did injury occur? Potosi, Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway No. 8, Potosi
While at work? no (Specify type of place) (a) Means of injury _____

23. Signature Joseph L. Hurman (M. D. or other) of Potosi
Address Potosi, Mo Date signed 10/14/40

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

3. (a) PRINT FULL NAME Russell G. Lawrence

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 8

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

7. Birth date of deceased April 5, 1923
(Month) (Day) (Year)

8. AGE: Years 17 Months 7 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Potosi (City, town, or county) MO (State or foreign country)

10. Usual occupation lab. worker

11. Industry or business _____

12. Name Russell Lawrence
13. Birthplace Bradford (City, town, or county) Mo (State or foreign country)
14. Maiden name Lillian Williams
15. Birthplace Washington Co (City, town, or county) (State or foreign country)

16. (a) Informant Lillian Lawrence
(b) Address Potosi MO

17. (a) Potosi Mo (Burial, cremation, or removal) (b) Date thereof Oct 14 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Lazy Creek, Mo

18. (a) Signature of funeral director Sparks 404
(b) Address Potosi Mo

19. (a) Oct 25 40 (Date received local registrar) (b) R. Lawrence (Registrar's signature)

210 M
95

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36645-7
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 887

Primary Registration District No. 4538

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

1. PLACE OF DEATH:

(a) County Wash
(b) City or town Potosi
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Russell S Creswell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>7</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) _____ (Day) _____ (Year)

(Burial, cremation, or removal) _____ (Specify whether _____)

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH: Month Oct day 12 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death fracture of skull of arm and lower jaw

Due to auto accident
Head on collision of two automobiles

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

Major findings: _____ Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) acc
(b) Date of occurrence 10-12-1940
(c) Where did injury occur potosi miss (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? yes # 8

While at work? _____ (Specify type of place) _____ (c) Means of injury struck

23. Signature Joseph L. Thurman (M. D. & Coroner) Address Potosi, Mo. Date signed 2-26-41

SUPPLEMENTAL

Duration _____ PHYSICIAN _____ Underline the cause to which death should be charged statistically.

