

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FEB 10 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3863

Registration District No. 684

Primary Registration District No. 4408

Registrar's No. 6

1. PLACE OF DEATH: Pike  
 (a) County Pike  
 (b) City or town Bowling Green  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Not in Hospital  
 In this community 30 yrs  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pike  
 (c) City or town Bowling Green  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Ella V. Lawrence  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 24  
 year 1941 hour 1 minute 30 P.M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Jim Lawrence  
 6. (c) Age of husband or wife if alive 72 years  
 7. Birth date of deceased April 22 1869  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 15, 1934, to Jan 24, 1941;  
 that I last saw her alive on Jan 24, 1941;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Uremic coma

8. AGE: Years 71 Months 9 Days 2  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Chronic nephritis  
 Due to \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

10. Usual occupation at Home  
 11. Industry or business \_\_\_\_\_  
 12. Name John Drvine  
 13. Birthplace Pike Co. Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary S. Royalty  
 15. Birthplace Pike Co. Missouri  
 (City, town, or county) (State or foreign country)

Major findings: Of operations None  
 Of autopsy None  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature James Lawrence  
 (b) Address Bowling Green Mo.  
 17. (a) Burial (b) Date thereof 1-26-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Clarkville Mo  
 18. (a) Signature of funeral director W. B. Elmore  
 (b) Address Bowling Green  
 19. (a) 1-30-41 (b) W. B. Elmore  
 (Date received local registrar) (Registrar's signature)

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 Walter D. Doyne (M. D. or other) \_\_\_\_\_  
 Address Bowling Green, Mo. Date signed 1/25/41

RECEIVED

District Health Officer No. 10

District File Number 2-41-207

Date Filed FEB 7 1941

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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.....

*W. B. Moore*

Licensed Embalmer No.....

*3466*

P. O. Address.....

*Bowling Green*

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.