

FILED JUL 18 1941
Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 170

1. PLACE OF DEATH: *Callaway*
(a) County *Fulton*
(b) City or town _____
(c) Name of hospital or institution: *State Hospital 2nd I*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *44 yr*
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME *MARION - LAWRENCE*

3. (b) If veteran, name war _____ 3. (c) Social Security No. *none*

4. Sex *M C* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *P.R.*

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

7. Birth date of deceased *unknown*
(Month) (Day) (Year)

8. AGE: Years *ap 88* Months *?* Days *?* If less than one day _____ hr. _____ min.

9. Birthplace *Missouri* (City, town, or county) _____ (State or foreign country) *0*

10. Usual occupation *unknown*

11. Industry or business _____

12. Name *unknown*

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

14. Maiden name *unknown*

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

16. (a) Informant *Records*

(b) Address _____

17. (a) *Removal* (Burial, cremation, or removal) (b) Date thereof *6 12 41*
(Month) (Day) (Year)

(c) Place: burial or cremation *Columbia 2nd I*

18. (a) Signature of funeral director *F. O. Roberts*

(b) Address *Columbia 2nd I*

19. (a) *June 12, 1941* (Date received local registrar) (b) *R. N. Crewe* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State *Missouri* (b) County *Schuyler* *14*
(c) City or town _____ (If outside city or town limits, write "RURAL") *2* *3*
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? *0* years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* day *9* year *1941* hour *1* minute *35 P.M.*

21. I hereby certify that I attended the deceased from *June 1st* 19 *41* to *June 9* 19 *41*
that I last saw him alive on *June 9* 19 *41*
and that death occurred on the date and hour stated above.

Immediate cause of death *Lobar pneumonia* Duration *2 day*

Due to *chronic myocarditis*

Due to _____

Other conditions *10/8*
(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) _____

(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 *Joseph Imperatore* (M. D. or other) _____

Address *Fulton State Hosp* date signed *6/9/41*

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

MOTHER FATHER

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, fact should be so stated above.