No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24783

FILED AUG 8 1941

Registration District No. 135

Primary Registration District No. 5188

Registrar's No. 76

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town "Rural" Carrollton

(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 Life 1

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town "RURAL" - Carrollton

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ALIMANZO LAWRENCE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 13 (Day) 1869 (Year)

8. AGE: Years 72 Months 3 Days 25 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Woodford Lawrence
13. Birthplace m/Conn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Aligea Jane Lawrence
15. Birthplace m/Conn. (City, town, or county) (State or foreign country)

16. (a) Informant Chaptain Lawrence

(b) Address Carrollton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Willis Marshall

(b) Address Carrollton Mo.

19. (a) 7-9-41 (Date received local registrar) (b) Ruth Hasking (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1941 hour 11 minute 20 a.M.

21. I hereby certify that I attended the deceased from Jan. 1, 1941 to July 8, 1941 that I last saw him alive on July 7, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Rt cerebral

Due to Lemonhage

Due to high blood pressure

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 1½ days

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 R. Hamilton Stated M.D.

Address Carrollton Mo. Date signed July 9/41

150

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-6-41

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 Myself, Registered Apprentice No. working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 3d 25

P. O. Address Carrollton 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, fact should be so stated above.