

FILED AUG 15 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 579

1. PLACE OF DEATH:

(a) County Green
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days) 0 (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas ⁰³⁴
(c) City or town Ava, Rural ⁰
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 1

3. (a) PRINT FULL NAME John Lewis Lawrence

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased. Oct. 5 24
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 9 9 hr. min.

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

10. Usual occupation In School

11. Industry or business.....

MOTHER FATHER { 12. Name Lloyd Lawrence
13. Birthplace Merritt, Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Ann Williams
15. Birthplace Arden, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Lawrence

(b) Address ava R^o 2

17. (a) Burial (b) Date thereof 7-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huffman

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 7-16-41 (b) W. E. Haudley
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1941 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from July 4 1941
to July 14 1941
that I last saw her alive on July 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death..... Depressed Skull Fracture
Due to..... Auto accident non collision
Due to..... 1700 ft

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 July 14 - 1941 ⁰³⁴

(c) Where did injury occur? near Ava, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway (Driver had control of auto)
While at work? (Specify type of place) (e) Means of injury car ran off curb

Signature Walter Smith (M. D. or other) ⁰

Date signed July 16 1941

(Licensed Embalmer's Statement on Reverse Side)

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

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. Hutchinson*

Licensed Embalmer No. *3431*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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