

No. 2  
1-10-39  
-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 23 1948 17

Registration District No. \_\_\_\_\_

Primary Registration District No. 5060

Registrar's No. 201

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

**1. PLACE OF DEATH:**

(a) County Barton

(b) City or town Rural-Union Township  
(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 years, months or days)

In this community 40 years

**8. (a) PRINT FULL NAME** JOHN LAWRENCE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color pr. White

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

6. (b) Name of husband or wife Bessie Lawrence

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

7. Birth date of deceased. April 19 1869  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>72</u>	<u>8</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Benton County, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name of mother Thomas B. Lawrence

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

14. Maiden name Nancy Pitman

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

16. (a) Informant Albert Lawrence

(b) Address Lamar, Missouri

17. (a) Burial \_\_\_\_\_ (b) Date thereof Jan 16 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) Jan 17 1948 (b) Martine F. Miller  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Barton

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

(d) Street No. Iantha, RFD  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month January day 15th  
year 1942 hour 2 minute 45 AM M.

21. I hereby certify that I attended the deceased from Feb. 1 1937 to Jan. 11 1942  
that I last saw him alive on Aug. 24 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Hemorrhage  
Arterial Hypertension

Duration Aug 14 '41  
4 1/2 years

Due to Cerebral Hemorrhages (3 Previous)

Due to (Feb 1, 1937 on)

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

Major findings: \_\_\_\_\_  
(Of operations if such appear on certificate)

Of autopsy: \_\_\_\_\_

**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? \_\_\_\_\_

23. Signature John T. Bichel (M. D. or other) M.D.  
Address Lamar, Mo. Date signed Jan. 15-42

RECEIVED

District Health Officer No. 6,

District File Number 142-139

Date Filed JAN 20 1942

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificatè was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Leslie S. Hubbard*

Licensed Embalmer No. 3550

P. O. Address Lamar, Missouri.

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.