

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2834 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **34 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Mollie D. Lawrence**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband **Myron W. S. Lawrence** 6. (c) Age of husband or wife if alive **80** years
7. Birth date of deceased **March 4 1867**
(Month) (Day) (Year)

8. AGE: Years **74** Months **11** Days **27** If less than one day hr. min.

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

10. Usual occupation **At Home**

MOTHER FATHER

11. Industry or business.....
12. Name **Enos J. Dudley**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Isabel Jones**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Myron W. S. Lawrence**
(b) Address **2834 Harrison**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-3-1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Mo.**

19. (a) **3/3/42** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2834 Harrison**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **1**
year **1942** hour **1:00** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **Feb 19**
19 **42** to **Feb 1** 19 **42**
that I last saw her alive on **Feb 1** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis - Exhaustion**
Due to **Intestinal obstruction**

Due to **Carcinoma of sigmoid**

Other conditions **Pyloric Stenosis**
(Include pregnancy within 7 months of death)
Valvular heart disease

Major findings:
Of operations.....
Of autopsy **yes**

Duration
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 **L. R. Marty** (M. D. or other).....
Address **815 Mc Gee** Date signed **3-1-42**

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..... *Elmer C. Medelin*.....
Licensed Embalmer No. *3495*.....
P. O. Address *H. C. 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.