

FILED APR 13 1942

Registration District No. 201

Primary Registration District No. 5280

Registrar's No. 207

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one year (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
(c) City or town Ottawa
(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 John T. Lawlor

3. (b) If veteran name war no 3. (c) Social Security No. No

4. Sex M 5. Color or race W 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 July 16 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 16 If less than one day hr. min.

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

10. Usual occupation Labourer

11. Industry or business unk

12. Name unk

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

14. Maiden name unk

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

16. (a) Informant Sup. County Home

(b) Address Liberty Mo.

17. (a) Burial (b) Date thereof 3/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation county cemetery

18. (a) Signature of funeral director Terrard Nell Frankel
(b) Address Liberty Missouri

19. (a) Mar. 3 1942 (b) Nelson Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1942 hour 11 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to Mar 2, 1942

that I last saw him alive on Mar 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death General Atherosclerosis
Duration 15 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97

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)

23. Signature Burton V. White (M. D. or other) M.D.

Address Liberty Mo. Date signed 3-3-42

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-10-42

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 _____

working under my personal supervision.

myself

Registered Apprentice No. 2896

Signed

Victor E. Luning

Licensed Embalmer No. 2896

P. O. Address. Liberty 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.