

1. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33058

RECD NOV 13 1942

State File No. _____

Registration District No. _____

Primary Registration District No. 5013

Registrar's No. 82

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

2000

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Jackson Township

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 40 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Jackson Township

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Jessie William Lawrie

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 8 year 1942 hour 3 minute 45 A. M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mary Elizabeth Bowden

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb 20 - 1889

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 8, 1942 to Oct 8, 1942

that I last saw him alive on Oct 8, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 7 Days 18 If less than one day hr. _____ min. _____

Immediate cause of death Carcinoma of left testis

Due to SIC

Duration Oct 8 - 42

9. Birthplace Hiwatha Kansas

(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of left testis

Of autopsy none

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas Lawrie

13. Birthplace Canada

(City, town, or county) (State or foreign country)

14. Maiden name Ans Waldor

15. Birthplace Andrew County Mo

(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Elizabeth Lawrie

(b) Address Sarvermoor Mo

17. (a) _____ (b) Date thereof 10-11-1942

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillmore

18. (a) Signature of funeral director E. C. Freet

(b) Address Sarvermoor Mo

19. (a) 10-11-42 (b) F. H. Fritchman

(Date received local registrar) (Registrar's signature)

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 0

23. Signature William H. Hillmore

Address Sarvermoor, Mo Date _____

1072 (Licensed Embalmer's Statement on Reverse Side)

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 E. C. Breit

Licensed Embalmer No. 2630

P. O. Address Savannah Ga

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.