V. S. No. 2
M—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1942

Registration District No. 42

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36719

Primary Registration District No. 1002

Registrar's No. 1134

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution yes (Specify whether
In this community 3 mo 20 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Harrison
(c) City or town Bethany
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jessie C. Lawrence
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Herman Lawrence
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 17 (Day) 1883 (Year)

8. AGE: Years 59 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Harrison County Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At home
FATHER
12. Name Alfred Sellers
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Lilly
15. Birthplace Mo 0
(City, town, or county) (State or foreign country)
16. (a) Informant Herman Lawrence
(b) Address Bethany Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 28, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany, Mo.
18. (a) Signature of funeral director Herman Wm Siderfaden
(b) Address 1802 Union Stn, St. Joseph, Mo.
19. (a) 11-28-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1942 hour 6 minute 20 P. M.
21. I hereby certify that I attended the deceased from Sept 1st 1942 to Nov 27 1942, that I last saw her alive on Nov 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 107	
Major findings: Of operations	
Of autopsy no 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. E. Cousins (M. D. or other)
Address State Hospital # 2 Date signed 11/27/1942

1233 (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.....John H. Hurley

Licensed Embalmer No.....4050

P. O. Address.....St. Joseph, 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.