No. 2
—5-42
5-17-39
X32873

72
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. 37647 Killian

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 14 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5828

State File No.

Registration District No. 274240 Primary Registration District No. ~~4356~~ 5798 Registrar's No. 45

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Marston Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Le Flore Twp
/ Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life-time
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 72

(a) State Missouri (b) County New Madrid 0

(c) City or town Marston Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Edward Laws

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Nancy H. Laws

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July (Month) 18, (Day) 1873 (Year)

8. AGE: Years 69 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Point Pleasant (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Sallie Laws
15. Birthplace Bolling Green, (City, town, or county) Kentucky (State or foreign country) /

16. (a) Informant Mrs. W. E. Laws
(b) Address Marston, Mo. Rural

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof II/20/42 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director H. S. Smith
(b) Address Caruthersville, Mo.

19. (a) 11-23-42 (Date received local registrar) (b) Mrs. J. L. Parrett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th, year 1942 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 14, 1942, to Nov. 19, 1942, that I last saw him alive on Nov. 18, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis & Uremia	4 yrs
Due to Hypertrophy of Prostate	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

131 b

Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature John J. Killian (M. D. or other)
Address Portageville Mo Date signed 11-20-42

1216

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1242-1678
Date Filed 12-11-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, or by

Body was not Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.