

S. No. 2
M-5-42
7-5-17-39
I X32873

80
46
49

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 8 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37769

State File No.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 363

1. PLACE OF DEATH: *Pettes*

(a) County *Sedalia*

(b) City or town *Sedalia*

(c) Name of hospital or institution: *City Hospital # 20*

(d) Length of stay: In hospital or institution. *70 yrs. 7 mo. 3 days*

In this community *70 yrs. 7 mo. 3 days*

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Saline*

(c) City or town *Marshall, Mo RR #1*

(d) Street No. *Marshall Junct Mo*

(e) Citizen of foreign country? *Yes*

3. (a) PRINT FULL NAME *RICHARD LAWARNCE*

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov* day *7*

year *1942* hour *1 P* minute M.

21. I hereby certify that I attended the deceased from *Nov 1*

19 *7* to *Nov 7* 19 *42*

that I last saw him alive on *Nov 7* 19 *42*

and that death occurred on the date and hour stated above.

4. Sex *M* 5. Color or race *Negro*

6. (a) Single, widowed, married *1 divorced Married*

6. (b) Name of husband or wife *Annie Lawrence*

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

7. Birth date of deceased *4 18 72*

Immediate cause of death *Cardiac Decomposition*

Due to

Due to

Other conditions *gsc*

8. AGE: Years Months Days If less than one day

70 7 3 hr. min.

9. Birthplace *Saline Co Mo*

Major findings: *none*

Of operations *none*

Of autopsy *none*

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation *farmer*

11. Industry or business *farm*

12. Name *Samuel Lawrence*

13. Birthplace *Unknown*

14. Maiden name *Marriet Shaeffler*

15. Birthplace *Ida*

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) (e) Means of injury

16. (a) Informant *Glarence Lawrence*

(b) Address *Marshall Junct Mo*

17. (a) *Burial* (b) Date thereof *11 - 10 - 42*

(c) Place: burial or cremation *Spring Creek Church*

18. (a) Signature of funeral director *H. D. Ferguson*

(b) Address *Sedalia Mo*

19. (a) *Nov 10 1942* (b) *Mrs Anna Berger*

23. Signature *M. B. ...* (M. D. or other)

Address *118 1/2 W Main Sedalia Mo* Date signed *11/9/42*

RECEIVED

Health Officer No. 8,

File Number

Date Filed 12-7-42

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~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed: F. D. Ferguson
Licensed Embalmer No. 2172
P. O. Address Adelphia

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.