

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED DEC 12 1942 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 374

Primary Registration District No. 4530

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County Worth  
(b) City or town Sheridan, Mo  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

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

In this community Life  
years, months or days

3. (a) PRINT FULL NAME SILAS EDWARD LAWLER

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fannie Bell Lawler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 7 (Month) (Day) (Year) 1856

8. AGE: Years 86 Months 2 Days 25 If less than one day hr. \_\_\_\_\_ min \_\_\_\_\_

9. Birthplace Greencastle (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

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

14. Maiden name Sarah E. Lawler  
16. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. M. Hart  
(b) Address Sheridan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Layman Cem.

18. (a) Signature of funeral director Arch C. Duffer  
(b) Address Grand City, Mo.

19. (a) 11-10-42 (Date received local registrar) (b) Arlene Scadden (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Worth  
(c) City or town Sheridan, Mo.  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1 year 1942 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 30, 1941 to Nov 1, 1942

that I last saw him alive on Nov 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Tobacco Pneumonia

Due to myocardial

Due to degeneration

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature P. G. Garter (M. D. or other) MD

Address Sheridan, Mo. Date signed 11-2-42

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

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

*Arch C. Dumblee*

Licensed Embalmer No.

*3252*

P. O. Address

*Grant City, 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, above space should be left blank.