

FILED FEB 9 1942
Registration District No. 2

Primary Registration District No. 5908

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Holland, (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Yrs
In this community 3 Yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Holland, (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Lawrence Ward

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years (Day) (Year)

7. Birth date of deceased Aug 8 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 4 5 hr. min.

9. Birthplace Bee Creek Okla
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Hand

11. Industry or business None

MOTHER FATHER { 12. Name Bud Ward
13. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)
14. Maiden name Dont Know
15. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant William Jackson
(b) Address Holland, Mo.

17. (a) Burial (b) Date thereof 12. 15. 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director German Undt Co.

(b) Address Steele, Mo.

19. (a) 2-2-43 (b) E. G. Lambrough
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1942 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw him alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound in left side of body and skull crushed behind
Due to left ear with a blunt instrument

Due to
Other conditions (Include pregnancy within 3 months of death) 166

Major findings: Of operations
Of autopsy

Duration

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) Homicide
(b) Date of occurrence Dec. 13 - 1942

(c) Where did injury occur? HOLLAND (R) PEMISCOT MO.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in Home on farm

While at work? (e) Means of injury

23. Signature Bee Roberts R.P. Gibson County (M. D. or other)
Address HOLLAND MO. Date signed Dec 14 1942

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

78
000

78
00

1207

1-35-43

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

John H. German

Registered Apprentice No.

344

working under my personal supervision.

Signed

Herbert Bivins

Licensed Embalmer No.

3789

P. O. Address

St. Louis, 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.