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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1943

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3174

State File No.

Registration District No. 200

Primary Registration District No. 5983

Registrar's No. (2) 10

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Ft Leonard Wood, Missouri (Cities)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Station Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 16 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State New York (b) County 30

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

(d) Street No. 73 High Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country — 2

3. (a) PRINT FULL NAME George H. Lawrence, Jr., (Pvt)

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 Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased September 17, 1919
(Month) (Day) (Year)

8. AGE: Years 23 | Months 3 | Days 19 | If less than one day ___ hr. ___ min.

9. Birthplace Jersey City (City, town, or county) New Jersey (State or foreign country) 1

10. Usual occupation U.S.Army, Soldier 32684151

11. Industry or business Co D, 28th Bn, ERTC.

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

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant U.S.Army Records
(b) Address Ft Leonard Wood, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation Nyack, N.Y.

18. (a) Signature of funeral director S. C. Nyett
(b) Address Rolla, Mo

19. (a) 1/6/43 (Date received local registrar) (b) T. R. Faulmezger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5
year 1943 hour 9 minute 05 P.M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___;
that I last saw h___ alive on ___, 19___;
and that death occurred on the date and hour stated above.

Immediate cause of death
(1) Pulmonary edema due to right heart failure. (2) Broncho pneumonia ~~xxxx~~ marked.

Due to 107

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

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)
(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 A. W. Evans, Captain (M. D. or other)
Address Station Hosp Ft Leonard Wood, Mo Date signed 1/6/43

1170 1-14-43 - Chas M. Dodd

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 2-43-9
Date Filed 2-9-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed S. G. Norrell

Licensed Embalmer No. 3397

P. O. Address Rolla, 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.