

S. No. 2  
11-10-39  
5-17-39  
PI X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3774

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

LED FEB 11 1943

Registration District No. 361

Primary Registration District No. 4529

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

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

108  
00

**1. PLACE OF DEATH:**

(a) County Vernon

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

(c) Name of hospital or institution:  
At Home  
(If not in hospital or institution, write street number or location)

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

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Vernon

(c) City or town Metz  
(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.

**3. (a) PRINT FULL NAME** Capitola Lawrence

(b) If veteran, name war  (c) Social Security No. None

**20. DATE OF DEATH:** Month Dec. day 24, year 1942 hour 3 minutes 45 AM.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Claude Lawrence 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 28 1886  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

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

**8. AGE:**

Years	Months	Days	If less than one day
<u>56</u>	<u>7</u>	<u>26</u>	hr. _____ min. _____

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

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

**9. Birthplace** Iowa  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**10. Usual occupation** Home keeper

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

**12. Name** Jake Harvie

**13. Birthplace** Unknown 9  
(City, town, or county) (State or foreign country)

**14. Maiden name** Louise Cooper 9

**15. Birthplace** Unknown 9  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Claude Lawrence

**17. (a) Burial** Metz Missouri (b) Date thereof Dec 26 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Metz Burial Park

**18. (a) Signature of funeral director** Allent King

(b) Address Nevada Missouri

**19. (a) Jan 8 1943** (b) M. W. L. Charles  
(Date received local registrar) (Registrar's signature)

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence 9/1

(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** \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

FEB 11 1943

RECEIVED

District Health Officer No. 7;

District File Number 1-43-104

Date Filed 2-8-43

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

*Allen V. Camp*

Licensed Embalmer No.

1968

P. O. Address

Nevada, 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.