

ED APR 14 1943

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Saint Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
920 North 6th Street,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 28 years, (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan  
(c) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 920 North 6th Street,  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME Elizabeth Jane Lawrence,

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Winchester Lawrence, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 2, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 1 20 hr. min.

9. Birthplace Pike County, Illinois,  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

MOTHER FATHER  
12. Name Elisha Johnson,  
13. Birthplace Unknown, New York,  
(City, town, or county) (State or foreign country)  
14. Maiden name Hannah Burke,  
15. Birthplace Unknown, Indiana,  
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Lawrence  
(b) Address 920 North 6th Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Hunter Cemetery, near Rock Port, Mo.

18. (a) Signature of funeral director Walter B. Bannan, Funeral Home

(b) Address 319 So. 10th Street, N. M.

19. (a) 3-25-43 (b) Ace Hagg (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd.  
year 1943, hour 5:00 minute 30 am.

21. I hereby certify that I attended the deceased from January 28<sup>th</sup> 1943, to March 22<sup>nd</sup> 1943; that I last saw her alive on March 4<sup>th</sup> 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Endocarditis & Valvular

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

Other conditions: old age (Include pregnancy within 3 months of death)

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: W. J. Elam (M. D. or other) 0  
Address: St. Joseph, Mo. Date signed: 3/24/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 3/22/4  
....., Registered Apprentice No. ✓  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3619

P. O. Address Sx Joseph, 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.**