S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
D APR 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15057

State File No. .....

Registration District No. 264 Primary Registration District No. 4395 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Gainesville
(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 ..... (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 77

(c) City or town Gainesville
(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 none

3. (a) PRINT FULL NAME John D Lawrence

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

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced — 9

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

7. Birth date of deceased Sept (Month) 4 (Day) 1855 (Year)

8. AGE: Years 87 Months 6 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace unknown Penn (City, town, or county) (State or foreign country)

10. Usual occupation Stone work

11. Industry or business —

FATHER
12. Name J. W. Lawrence
13. Birthplace unknown Penn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruth Ellen Lefever
15. Birthplace unknown Penn (City, town, or county) (State or foreign country)

16. (a) Informant May Mitchell
(b) Address Gainesville Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 12-43 (Month) (Day) (Year)
(c) Place: burial or cremation Sims Cemetery

18. (a) Signature of funeral director McClure T. Home
(b) Address Gainesville, Mo

19. (a) 3-12-43 (Date received local registrar) (b) Margaret Hutchison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 11th day
year 1943 hour 3 minute P M.

21. I hereby certify that I attended the deceased from March 1, 1943, to March 11, 1943, that I last saw him alive on Mar 11, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia ✓	5 days
Due to Arterial Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 M. J. Hoerman (M.D. or other) DO
Address Gainesville, Mo Date signed 3/12/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 443-510
Date Filed 4-29-43

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 Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Valnesville

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.

V. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15-03-7

Registration District No. 264 Primary Registration District No. 4395 Registrar's No. 5

1. PLACE OF DEATH:

(a) County

(b) City or town (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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ozark

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John W Lawrence

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

5. Color or race

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

6. (b) Name of husband or wife

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

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

8. AGE: Years 87 Months 6 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch 21 day year 1943 hour minute 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.

	Duration
Immediate cause of death: uremia	2 wk
Due to: Nephritis Chronic Interstitial	? years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 M J Hoerman (M. D. or other) DO

Address Gainesville, Mo Date signed June 10, 43

SUPPLEMENTARY

S-15057