

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 25 1943

Registration District No. 18

Primary Registration District No. 3002

Registrar's No. 68

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

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: Andrew Co. Hospital
(If not in hospital or institution, write street number or locality)

(d) Length of stay: In hospital or institution about 3 weeks.
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. Andrew County Hospital
(If rural, give location)

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

3. (a) PRINT FULL NAME Lucy Jane Lawrence

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1943 hour 4 minute 10 P.M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 1 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 27 1943 to April 30 1943
that I last saw her alive on April 30 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>3</u>	<u>29</u>	_____ hr. _____ min.

Immediate cause of death: Chronic Degenerative

Due to Arteriosclerosis

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

10. Usual occupation Retired

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name James D. Phlegant

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

14. Maiden name Mrs. Josephine

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

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? _____

16. (a) Informant Mrs. Alva Gibbs

(b) Address Meramec, Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof May 1-1943
(Month) (Day) (Year)

(c) Place: burial or cremation any wash mo.

18. (a) Signature of funeral director Mrs. Phlegant

(b) Address Meramec, Mo.

19. (a) May 1-1943 (b) Margaret N Mackie
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Harry F. O'Brien (M. D. or other)

Address Meramec, Mo. Date signed 5-1-43

Duration years

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 5-43936

Date Filed MAY 21 1943

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

working under my personal supervision.

Registered Apprentice No.

Signed

Roy A. M. Pereira

Licensed Embalmer No.

1133

P. O. Address

Murico ma,

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.