

S. No. 2
M-5-42
5-17-39
I X322

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18126

State File No. _____

Registrar's No. 21

Registration District No. 5579

Primary Registration District No. 5579

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Bevier
(c) Name of hospital or institution: Jasper Co TB Hospital
(d) Length of stay: In hospital or institution 70 days
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Anderson
(d) Street No. Box 26 Rte #1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Alfred Lawrence

(b) If veteran, name war no

(c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2 widowed

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

7. Birth date of deceased Aug 3 1861

8. AGE: Years 81 Months 9 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Kentucky (City, town, or county) _____ (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business _____

12. Name T. B. Lawrence

13. Birthplace Kentucky (City, town, or county) _____ (State or foreign country) 1

14. Maiden name Augustine Love

15. Birthplace Kentucky (City, town, or county) _____ (State or foreign country) 1

16. (a) Informant Records

(b) Address _____
17. (a) Burial (b) Date thereof May 13, 1943
(c) Place: burial or cremation Nett City Cemetery

18. (a) Signature of funeral director Tatum Funeral Home

(b) Address Anderson

19. (a) May 12, 1943 (b) Mrs. Lillie Eagle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1943 hour 6 minute 25 M.

21. I hereby certify that I attended the deceased from April 20 1943 to May 11 1943
that I last saw him alive on May 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions (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 Jesse E. Seay (M. D. or other) _____
Address Chico City Mo Date signed 5/11/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1180

(Licensed Embalmer's Statement on Reverse Side)

136-45-0

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed P.E. Cleathan

Licensed Embalmer No. 3813

P. O. Address Anderson, Me

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.