. S. No. 2
OM—5-42
v. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21641

Registration District No. 7/55

Primary Registration District No. 5580

Registrar's No. 7

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Smithfield Mo. Justice Knows (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Smithfield / (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: 37 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

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

(d) Street No.: None (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Laura Lawver

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: John

6. (c) Age of husband or wife if alive: Not Living years

7. Birth date of deceased: Nov. (Month) 9 (Day) 1887 (Year)

8. AGE: Years 55 | Months ~~25~~ 2 | Days 20 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: House Wife

11. Industry or business: None

FATHER 12. Name: Axel Alford

FATHER 13. Birthplace: Unknown (City, town, or county) Sweeden (State or foreign country)

MOTHER 14. Maiden name: Anna Newby

MOTHER 15. Birthplace: Jasper Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Lettie Brown

(b) Address: Webb City Mo.

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

(c) Place: burial or cremation: Waco Mo.

18. (a) Signature of funeral director: Knell Mortuary

(b) Address: Carthage Mo.

19. (a) June 29, 1943 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1943 hour 1:00 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from 5-13- 1943, to 6-28- 1943 that I last saw him alive on 6-28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
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: Ed D Jones (M. D. or other)

Address: Joplin Mo. Date signed 6-29-43

(Licensed Embalmer's Statement on Reverse Side)

43-6-524

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage 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.