S. No. 2
M—5-42
5-17-3
1 X 2873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

22541

State File No.

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 125

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

**1. PLACE OF DEATH:**

(a) County Saline

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

(c) Name of hospital or institution: Fitzgibbons Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hours (Specify whether In this community All his life years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 97

(a) State Missouri (b) County Saline 0

(c) City or town Mt. Leonard, Rural 0 (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 0

3. (a) PRINT FULL NAME Lawrence Wright Deal

3. (b) If veteran, name war

3. (c) Social Security No. 487-16-7722

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased September 7th, 1909 (Month) (Day) (Year)

8. AGE: Years 33 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Saline County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Defense worker

11. Industry or business

FATHER
12. Name J. Maurice Deal
13. Birthplace Saline County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Emma Blanche Wright [redacted]
15. Birthplace Saline County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Joseph M. Deal Jr.

(b) Address 531 Gladstone K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director Campbell-Lewis

(b) Address Marshall, Mo.

19. (a) 6-23-43 (Date received local registrar) (b) Mrs T. O. Weslbrook (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 22nd year 1943 hour 6 minute 50 A M.

21. I hereby certify that I attended the deceased from June 21, 1943 to June 22, 1943 that I last saw him alive on June 22, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Ruptured Liver | |
| Due to Auto accident | |
| Due to | |
| Other conditions Fracture Mandible (Include pregnancy within 3 months of death) | |

Major findings: Of operations none 170 C-4

Of autopsy none 22

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) Accident

(b) Date of occurrence 6-21-43 097

(c) Where did injury occur? Marshall (City or town) Saline (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway 240 East Marshall Mo (Specify type of place)

While at work? (e) Means of injury Auto

23. Signature Robin Kennedy (M. D. or other)

Address Marshall Date signed 6-22-43

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 7-9-1943

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**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 R W Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.**