

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED SEP 24 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 984

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
221 Massachusetts
(If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution _____
(Specify whether
 In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 221 Mass.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Lawrenson
 3. (b) If veteran, name war No 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 3rd
 year 1943 hour 11 minute 56 A.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 27 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 7 1943 to Sept 3 1943
 that I last saw him alive on Sept 3 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 11 Days 7 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma Liver 1 yr
 Due to Malignancy 1 yr

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

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

10. Usual occupation Machinest

Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name William Lawrenson
 13. Birthplace England 4
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Ann Walker
 15. Birthplace England 4
(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?
 While at work? _____
(Specify type of place) (e) Means of injury

16. (a) Informant Mrs Joseph Beardsmore
 (b) Address Denver Colo.
 17. (a) Burial (b) Date thereof 9-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt Mora Cemetery
 18. (a) Signature of funeral director Fleeman & Son Inc.
 (b) Address St Joseph, Mo.
 19. (a) 9/9/43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
 Address 737 1/2 Dep Ave Date signed 9/6/43
St Joseph, Mo

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

APR 10 1944

MAY 2 1944

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 Robert H. Gable
Licensed Embalmer No. 3308
P. O. Address St. Joseph, 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.