S. No. 2
M—2-43
S-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41415

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 299

1. PLACE OF DEATH:

(a) County: Adair

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

(c) Name of hospital or institution: 601 W. Filmore
(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 2 years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 601 W. Filmore
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Anna Lawrence

3. (b) If veteran, name war: ____

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: G. R. Lawrence

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: Jan. (Month) 26 (Day) 1887 (Year)

8. AGE: Years 56 | Months 10 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: Columbia City, (City, town, or county) Ind. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ____

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: G. R. Lawrence
(b) Address: Kirksville, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/ 3/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia City, Ind.

18. (a) Signature of funeral director: [illegible]
(b) Address: Kirksville, Missouri.

19. (a) 12/2/43 (Date received local registrar) (b) Mrs. H. Wagner (Registrar's signature)

1949

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1943 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from 11/10/41, 19__, to 12/2/, 1943
that I last saw h. alive on Dec 1, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Arterial hypertension	
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: [illegible] (M. D. or other) D.O.
Address: 717 E. Wash. Kirksville Mo Date signed 11/2/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-43-2049
Date Filed DEC 18 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed... J E Riley

Licensed Embalmer No. 4181

P. O. Address Kirkville 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.