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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42165

FILED JAN 7 1944

Registration District No. 1408

Primary Registration District No. 4179

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35 4 0

(c) City or town Senath, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME May Lawrence

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex F

5. Color or race White

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

6. (b) Name of husband or wife Henry Lawrence

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Oct. (Month) 17 (Day) 1892 (Year)

8. AGE: Years 51 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business Home

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

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

16. (a) Informant Mr. Henry Lawrence
(b) Address Senath, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 29 (Day) 43 (Year)
(c) Place: burial or cremation Senath, Mo.

18. (a) Signature of funeral director Paul Solmon
(b) Address Senath, Mo

19. (a) 12/27/43 (Date received local registrar) (b) 12-27-1943 (Registrar's signature) H. G. Terry

1296

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th year 1943 hour 10:00 minute P.M.

21. I hereby certify that I attended the deceased from Dec-25-43, 1943, to Dec-25, 1943; that I last saw her alive on Dec 25, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tapeanda	16 hours
Due to Flu Pneumonia	3 Days
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy no	

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) no

(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 F. K. Speidel M.D. (M. D. or other)

Address Senath Mo Date signed 12-25-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 18 1944
District Health Office No. 2,
District File Number 144-2
Date Filed 1-5-44

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 [illegible]

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.