S. No. 2
M—5-43
v. 5-17-39
I X36671

60
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 28 1944

Registration District No. 17

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5706

State File No. 8477

Registrar's No. 22

1. PLACE OF DEATH:

(a) County MCDonald

(b) City or town Rural Anderson TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
Two Miles Southwest Of Anderson MO.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 60

(a) State Missouri (b) County MCDonald 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Southwest Of Anderson MO
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Elizabeth Lawrence.

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

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White /

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

6. (b) Name of husband or ### M.M. Lawrence

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

7. Birth date of deceased May (Month) 8 (Day) 1878 (Year)

8. AGE: Years 65 Months 7 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housekeeper

11. Industry or business .....

FATHER
12. Name John Lane
13. Birthplace ..... (City, town, or county) Ohio / (State or foreign country)

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

16. (a) Informant M.M. Lawrence
(b) Address Anderson MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 17 (Day) 1943 (Year)
(c) Place: burial or ###### Anderson MO.

18. (a) Signature of funeral director Chas. W. Williams
(b) Address Goodman Mo

19. (a) 12-20-43 (Date received local registrar) (b) Virginia Buck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13 year 1943 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 1, 1943, to Dec 10, 1943 that I last saw her alive on Nov. 2, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Organic Heart disease	5 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cardiac Asthma	1 yr.

Major findings:
Of operations .....
Of autopsy .....

9562

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 S. W. Brissel D.C. ([redacted])

Address Pineville, Mo Date signed Dec 17 43

1324

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
Under file number 144-94
Date Filed JAN 24 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.....

Licensed Embalmer No.....

P. O. Address.....

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.