No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42032

Registration District No. 312 Primary Registration District No. 4457 Registrar's No. 12

1. PLACE OF DEATH:

(a) County St Clair
(b) City or town Lowry City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair
(c) City or town Lowry City
(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

3. (a) PRINT FULL NAME James E. Law

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Alcesta
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 6 (Day) 1868 (Year)

8. AGE: Years 76 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Illinois Not Given (City, town, or county) (State or foreign country)
10. Usual occupation Veterinary (Retired)
11. Industry or business

FATHER
12. Name James Law
13. Birthplace Not Given (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Kaziah
15. Birthplace Illinois (City, town, or county) Don't Know (State or foreign country)

16. (a) Informant Mrs Alex Greeson
(b) Address Hugo Colo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation Lowry City Cemetery
18. (a) Signature of funeral director H. C. Austin
(b) Address Lowry City Missouri
19. (a) 12-28-44 (Date received local registrar) (b) J. E. Lab, Minnie Foster Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23
year 1944 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from Aug 1944 to 12-23 1944
that I last saw him alive on 12-16 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	
Due to Apoplexy	1943
Due to	
Other conditions Tumorous Growths in sigmoid & Colon (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 Dr S B Homan (M. D. or other)
Address Lowry City Mo Date signed 12-26-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 12-441426
Date Filed 1-8-45

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 H. C. Austin

Licensed Embalmer No. 3609

P. O. Address Lowry City 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.