

FILED JAN 11 1946

Registration District No. 57

Primary Registration District No. 3028

Registrar's No. 221

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
W. C. Cline - Brook 41
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days

3. (a) PRINT FULL NAME James Roy Lawrence
 3. (b) If veteran, name war.....
 3. (c) Social Security No. 2

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Dec. 7 - 1945
 (Month) (Day) (Year)

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

9. Birthplace Lamar Mo. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
 12. Name Orel Lawrence
 13. Birthplace Lamar Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Lorella Casey
 15. Birthplace Jasper Mo. 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Orel Lawrence
 (b) Address Rt 1 Lamar Mo.

17. (a) Burial Date thereof 12-8-1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. C. Cline

18. (a) Signature of funeral director Lamar Mo.
 (b) Address.....

19. (a) 1-8-45 (b) L. B. Clinton
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Boston
 (c) City or town Rt 1 Lamar
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 7
 year 1945 hour..... minute..... M.
 21. I hereby certify that I attended the deceased from.....
Dec 7, 1945, to Dec 9, 1945
 that I last saw h..... alive on..... 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
premature
 Due to..... 30 weeks gestation

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

Major findings:
 Of operations.....
 Of autopsy..... 159

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)
 (c) Means of injury.....

23. Signature W. E. Bradley (Date signed 12-8-45)
 Address Lamar Mo. Date signed 12-8-45

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

45-12-1004

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 C. V. Gibson

Licensed Embalmer No. 2299

P. O. Address Seneca 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.