

No. 2
-8-43
-17-39
X37823

FILED JAN 8 1946

Registration District No. 2

Primary Registration District No. 5827

Registrar's No. 6

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural Lewisburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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:

(a) State Missouri (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 North west of Silbourn
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year '46 hour 1:00 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1
1946 to Jan 2 1946
that I last saw him alive on Jan 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo Pneumonia
Duration 2 Day

Due to _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature E. J. Jones (M. D. or other) _____
Address Silbourn, Mo. Date signed 1-3-46

3. (a) PRINT FULL NAME Russell Wayne Lawrence

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased October 7 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Silbourn, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Lester Lawrence

13. Birthplace Canalon Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Larvia Ramsey

15. Birthplace Advance Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Lawrence

(b) Address Cation, Missouri

17. (a) Burial (b) Date thereof 1-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell, Mo.

18. (a) Signature of funeral director Ponder Funeral Home

(b) Address Silbourn, Mo.

19. (a) 1-3-46 (b) H. J. Ponder Deputy
(Date received local registrar) (Registrar's signature)

218

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

1647

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. *3367*

P. O. Address *Tillman, 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.