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

15890

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17009

FILED MAY 22 1946

Registration District No. 106 Primary Registration District No. 2001 Registrar's No.

19
2
5

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Joplin General 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton 73

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

(d) Street No. North Wentworth 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Sally Isabell Lawyer

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FM 1

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Harry V. Lawyer

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May (Month) 15 (Day) 1878 (Year)

8. AGE: Years 67 Months 10 Days 28 If less than one day hr. min.

9. Birthplace North Carolina (City, town, or county) 1 (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

MOTHER FATHER

12. Name James Brown Harmon

13. Birthplace South Carolina (City, town, or county) 1 (State or foreign country)

14. Maiden name unknown

15. Birthplace (City, town, or county) 0 (State or foreign country)

16. (a) Informant Harry V. Lawyer 1

(b) Address Wentworth, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 14 (Day) 46 (Year)

(c) Place: burial or cremation Dry Valley Cemetery

18. (a) Signature of funeral director Wm. Wescott

(b) Address Purcy City, Mo.

19. (a) 4-20-46 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1946 hour 6 minute a M.

21. I hereby certify that I attended the deceased from Apr. 2/46, 19..., to Apr. 12, 1946, that I last saw her alive on Apr. 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. nephritis and Chr. endocarditis with embolism. — Duration unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Coroner's Inquest No. 1

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 Charles S. Moore (M. D. or other) DO

Address Purcy City, Mo. Date signed 4/16/46

16 X (Licensed Embalmer's Statement on Reverse Side)

46-4-385

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 Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Caswell, Me

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.