

**FILED** MAY 16 1946  
 Registration District No. **360**

Primary Registration District No. **6225**

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

**1. PLACE OF DEATH:**  
 (a) County Vernon  
 (b) City or town Rural Washita Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hosp. no. 3 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 yr. 8 mo 23 da  
(Specify whether years, months or days)  
 In this community same time

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Barry 107  
 (c) City or town Purdy  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Carrie Lucille Lawrence  
 3. (b) If veteran, name war no.  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month April day 19  
 year 1946 hour 10:50 minute P. M.  
 21. I hereby certify that I attended the deceased from 4-1-46  
 19\_\_\_\_ to 4-19-46 19\_\_\_\_  
 that I last saw her alive on April 19-1946 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife None  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: June 11 - 1911  
(Month) (Day) (Year)

Immediate cause of death Dementia Precox  
 Duration 10 yrs.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

**8. AGE:** Years 34 Months 9 Days 8  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions Huntington's Chorea 10 yr.  
(Include pregnancy within 5 months of death)

9. Birthplace Fulton Mo  
(City, town, or county) (State or foreign country)  
 10. Usual occupation None

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Roscoe Lawrence  
 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Birdie Cox  
 15. Birthplace Aurora Mo.  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Hospital Records  
 (b) Address Nevada Mo.  
 17. (a) Burial (b) Date thereof Apr 22 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hospital Cemetery

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?

18. (a) Signature of funeral director Wm. J. ...  
 (b) Address Nevada Mo.  
 19. (a) 4-22-46 (b) Nathyn Jancy  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
 23. Signature R.P. ... (M. D. or other) \_\_\_\_\_  
 Address Nevada Mo Date signed 4-19-1946

RECEIVED  
District Health Officer No. 7,  
District File No. 4-46-465-  
Date Filed 5-15-46-

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 *not*.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Allen E. Hayes*.....

Licensed Embalmer No. *1968*.....

P. O. Address *Nevada 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.