

No. 2
-5-43
5-17-39
1 X38671

FILED JUL 2 1948
Registration District No. **2066 7**

Primary Registration District No. **14 5064**

Registrar's No. **18**

1. PLACE OF DEATH:

(a) County **Barton** **S.W. Twsp.**

(b) City or town **Oplols, Kansas (Rural)**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Opolis, Kansas. R.F.D. #1.
(If not in hospital or institution, write street number, or location)

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

In this community **38 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**

(c) City or town **Oplols, Kansas, R.F.D. #1**
(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 **William Jennings B. Lawrence**

3. (b) If veteran, name war **World War I** 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 **Clara Lawrence** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **Oct, 22, 1896**
(Month) (Day) (Year)

8. AGE: Years **49** Months **7** Days **19** If less than one day hr. min.

9. Birthplace **Christain Co Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Samuel Lawrence**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary C. Flood**

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

16. (a) Informant **Mrs. Clara Lawrence**

(b) Address **R.F.D. #1 Opolis, Kansas**

17. (c) **Burial** (a) (b) Date thereof **June, 13, 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Black Jack Cem.**

18. (a) Signature of funeral director **Allen Yancy**

(b) Address **114. W. 6th St. Pittsburg, Ks.**

19. (a) **June 17th 1946** (b) **Hartensen, Chester**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June**, day **10**
year **1946** hour **2** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **accidental death = by driving tractor over coal dump while plowing =**

Due to **fractured wound left side about lower border ribs = probably caused by heavy plow**

Other conditions **(Include pregnancy within 3 months of death)**

Major findings: **Of operations**

Of autopsy **70%**

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) **accident**

(b) Date of occurrence **June 10, 1946**

(c) Where did injury occur **Rural Barton Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Farm

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

23. Signature **C. E. Dussell** (M. D. or other) **M.D.**
Address **Lamar Mo.** Date signed **6/11/46**

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

MOTHER FATHER

Coroner Barton Co. Mo.

JUL 23 1945

1945

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.....

Allen Zancy

Licensed Embalmer No. 3452

P. O. Address..... Pittsburg, Kansas.....

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.