DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20794

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 95

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Jane Chinn Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or Institution 4 hours (Specify whether years, months or days)

In this community 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 6 (If outside city or town limits, write "RURAL")

(d) Street No. 124 S. Ball 2 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mrs. Cenia N. Lawrence

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F. 1

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 6, (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
76	11	11	hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name ****** Coward

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

14. Maiden name no data

15. Birthplace (City, town, or county) no data (State or foreign country) 9

16. (a) Informant Dau. Mrs. E. M. Paul

(b) Address Webb City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/19/46 (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Park Cem.

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Mo.

19. (a) JUNE 18, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

13

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1946 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from Did not, 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 Auto Accident

Fractured Skull

Due to Internal Bleeding

Due to (Hemorrhage)

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:

Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Underline cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) Auto accident 49

(b) Date of occurrence June 16, 1946

(c) Where did injury occur? Webb City, Missouri (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public (Specify type of place)

While at work? (e) Means of injury 3

23. Signature J. Greer acting coroner (M. D. or other)

Address Joplin Mo Date signed 6/18/46

(Licensed Embalmer's Statement on Reverse Side)

46-6-518

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 Richard Gray Le

Licensed Embalmer No. 4405

P. O. Address Webb City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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State File No. July

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 95

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Cenia N. Lawrence

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife

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

7. Birth date of deceased July 6 1880
(Month) (Day) (Year)

8. AGE: Years 76 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 17 year 1946 hour minute 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 a shock by reson of being struck by auto.

Due to accident

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) auto accident

(b) Date of occurrence 6-16-46

(c) Where did injury occur? Webb City (City or town) Jasper (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public street (Specify type of place)

While at work no (e) Means of injury struck by aut

23. Signature B. Green Arthur Coroner (M. D. or other)

Address Joplin, Mo. Date signed 7/17/46

SUPPLEMENTARY

20794