

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25905**

FILED JUL 22 1946

Registration District No. **224**

Primary Registration District No. **2272**

Registrar's No. **116**

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Marshall**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
549 S. Lincoln
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 yr** (Specify whether years, months or days)
In this community **30 yr**

3. (a) PRINT FULL NAME **LESTER FOX LAWRENCE**

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

4. Sex **MALE** 5. Color or race **B.** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Lucy Lawrence** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **OCT - 15 - 1889** (Month) (Day) (Year)

8. AGE: Years **56** Months **8** Days **21** If less than one day hr. _____ min. _____

9. Birthplace **Marshall** (City, town, or county) **MO** (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Samuel Lawrence**
13. Birthplace **Virg.** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Lucy Lawrence**
(b) Address **Marshall Mo**

17. (a) **Burial** (b) Date thereof **7-9-1946** (Month) (Day) (Year)
(Burial, cremation, or removal) (City or town) (County) (State)
(c) Place: burial or cremation **Marshall Cem. Saline Co Mo**

18. (a) Signature of funeral director **Harry Hershberger**
(b) Address **Marshall Mo**

19. (a) **7/6/46** (b) **Miss T. C. ...** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Saline**
(c) City or town **Marshall** (If outside city or town limits, write "RURAL")
(d) Street No. **549 S. Lincoln** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6** year **1946** hour **7** minute **23 A.M.**

21. I hereby certify that I attended the deceased from **April 1st** 19**46** to **July 6** 19**46**
that I last saw him alive on **July 5** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary atherosclerosis of liver & myocarditis**
Due to **Don't know**

Due to _____

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

Major findings: Of operations _____ Of autopsy _____

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 **W. T. ...** (M. D. or other) **Marshall Mo** Date signed **7-6-46**

Duration

Don't know

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

294

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-20-46

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.....

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

Signed Harry Heishberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.