. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 26274

Registration District No. 33 Primary Registration District No. 4044 Registrar's No. 11

**1. PLACE OF DEATH:**

(a) County BOONE

(b) City or town STURGEON (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 ALL OF LIFE

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County BOONE 10

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

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

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

If yes, name country .....

**3. (a) PRINT FULL NAME** GORDON LAWRENCE

3. (b) If veteran, name war ✓ 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~~ IVA LAWRENCE 6. (c) Age of ~~husband~~ or wife if alive 54 years

7. Birth date of deceased JAN. (Month) 26 (Day) - 1892 (Year)

8. AGE: Years 54 Months 6 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace BOONE Co. (City, town, or county) Mo. () (State or foreign country)

10. Usual occupation FARMER

11. Industry or business .....

FATHER
12. Name WILLIAM R. LAWRENCE
13. Birthplace ..... (City, town, or county) Mo. () (State or foreign country)

MOTHER
14. Maiden name SUSAN FRANCES EVANS
15. Birthplace ..... (City, town, or county) Mo. () (State or foreign country)

16. (a) Informant W. G. Lawrence
(b) Address STURGEON, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug (Month) 20 (Day) 46 (Year)
(c) Place: burial or cremation MT. HOREB

18. (a) Signature of funeral director Barnes & Booths
(b) Address Sturgeon, Mo.

19. (a) Aug. 20 (Date received local registrar) (b) Thelma J. Estepp (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 18 year 1946 hour 12:45 minute A. M.

21. I hereby certify that I attended the deceased from 20 Nov 45, 19..., to 19 Aug 46, 19...; that I last saw him alive on 18 Aug 46 9 PM, 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cancer of Peritoneum | |
| Due to Cancer of Prostate, Testicles | 4 yr |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 46 H
Of autopsy 51

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 2

23. Signature O. F. Carroll Jr. (~~M. D.~~ or other) DO
Address Sturgeon, Mo. Date signed 19 Aug 46

359

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 8-46-243
Date Filed 8-26-46

---

**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.....R. E. Boothe.....

Licensed Embalmer No.....4087.....

P. O. Address.....Sturgeon, 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.**