

S. No. 2
M-2.43
7. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33928

FILED OCT 28 1946

Registration District No. 157

Primary Registration District No. 6293

Registrar's No. 207

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Route #1 Carthage, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution.....
In this community 12 Years
years, months or days (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Route #1 Carthage, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Estella M. LAWRENCE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife M. B. Lawrence

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased July 26 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>2</u>	<u>10</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER {

12. Name Ebright

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

14. Maiden name Eliza Kelley

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

16. (a) Informant Mr. M. B. Lawrence (Husband)

(b) Address Route #1 Carthage, Mo.

17. (a) Burial (b) Date thereof 10 18 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 10-17-46 (b) E. B. Clement
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th.
year 1946 hour 7:10 minute A.M.

21. I hereby certify that I attended the deceased from May 20
1946 to September 27 1946
that I last saw her alive on September 27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic arterio-sclerotic myocarditis with heart failure.

Contributory Cause: Chronic Nephritis - Generalized arterio-sclerosis - Malnutrition.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131B

Of autopsy.....

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).....

(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.....

Signature Charles H. Shull (M. D. or other) M.D.
Address 347 S. Main, Carthage Date signed Oct. 17

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46-10-882

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.....

Licensed Embalmer No..... 4231

P. O. Address..... Carthage, 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.