

FILED DEC 16 1946
Registration District No. **157**

Primary Registration District No. **3028**

Registrar's No. **147**

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

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
316 S. foulton nurseing home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 mo.**
(Specify whether
In this community **25 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **809 Minn.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **James E. 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 **Widowed**

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

7. Birth date of deceased **Aug. 14 1887**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	3	16	hr. min.

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

10. Usual occupation **unknown**

11. Industry or business **unknown**

12. Name **unknown**

13. Birthplace **unknown**
(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 **Dorothy Lawrence**

(b) Address **809 Minn Joplin Mo.**

17. (a) **burial** (b) Date thereof **12-2nd 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview.**

18. (a) Signature of funeral director **Parker-Hunsaker**

(b) Address **1502 Joplin St. Joplin mo.**

19. (a) **12-4-46** (b) **A. B. Clinton**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **30**
year **1946** hour **10** minute **30A** M.

21. I hereby certify that I attended the deceased from **June 17 1946** to **July 15 1946**
that I last saw him alive on **July 15** and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis Pulmonary**
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **12D**

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

23. Signature **B. G. [unclear]** (M. D. or other) **me**

Address **Joplin Mo** Date signed **12-2-46**

46-11-1032

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address. Joplin 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.