No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4927

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 817

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 minutes (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 949

(a) State California (b) County Los Angeles 4
(c) City or town Beverly Hills 3
(If outside city or town limits, write "RURAL")
(d) Street No. 201 Spalding Drive 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sylvan LAWRENCE

3. (b) If veteran, name war No
3. (c) Social Security No. NONE

4. Sex Male D
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Elaine Lawrence
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased April (Month) 14, (Day) 1889 (Year)

8. AGE: Years 57 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Milady Brassier & Corset Co.

FATHER
12. Name Louis Rosenfe Lawrence /
13. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Jennie Basch
15. Birthplace Chicago (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant Elaine Lawrence
(b) Address Beverly Hills, Calif.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hollywood, Calif.
18. (a) Signature of funeral director Melbody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. Mo.
19. (a) 2-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 th year 1947 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from CORONER, 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 Coronary occlusion
Due to Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death) 94a
Major findings:
Of operations
Of autopsy yes - as above

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)
(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 3

23. Signature James C Walker (M. D. or other) Coroner
Address 1424 Prof Bldg Date signed 2-22-47

(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1947

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.....

P. O. Address.....

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.