

FILED APR 10 1947

Registration District No. **340**

Primary Registration District No. **6151**

Registrar's No. **9**

1. PLACE OF DEATH: **Stoddard**
 (a) County: **Stoddard**
 (b) City or town: **Hunterville Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Home**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME: **Jackson W. 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: **Armanda Lawrence**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: **Feb 5 1861**
 (Month) (Day) (Year)

8. AGE: Years **86** Months **0** Days **20**
 If less than one day _____ hr. _____ min.

9. Birthplace: **Malden Ponds Kentucky**
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Farmer**

11. Industry or business: _____

MOTHER FATHER
 12. Name: **Jessie Lawrence**
 13. Birthplace: **Kentucky**
 (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: **son**
 (b) Address: **Hunterville Mo.**

17. (a) **Burial** (b) Date thereof: **3 18 47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Taylor - Near East**

18. (a) Signature of funeral director: **Orville Taylor**

(b) Address: **Sikeston Mo.**

19. (a) **April 3-47** (b) **Lottie Jefferson**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: **Missouri** (b) County: **Stoddard**
 (c) City or town: **Hunterville Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No.: _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.: _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **6**
 year **1947** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Mar 1 1947** to **Mar 6 1947**
 that I last saw him alive on **Mar 3 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumonia, cystitis**

Due to: _____

Due to: _____

Other conditions (include pregnancy within 3 months of death): **378**

Major findings: Of operations: **1378**

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: **Dr. W. K. ...** (M. D. or other)

Address: **Parma Mo.** Date signed: **3/31/47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District H No. 2

District File Number 447-51

Date Filed 4-8-47

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 James M. Scott

Licensed Embalmer No. 4350

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.