

S. No. 2
A-12-45
v. 5-17-39
I X47070

13141

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 23 1947
Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 273

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
1009 Cherry Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community six years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1009 Cherry 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT, FULL NAME DR. DANIEL EVAN LAWLER

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Gertrude Lawler

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

7. Birth date of deceased March 29, 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>11</u>	<u>25</u>	_____ hr. _____ min.

9. Birthplace Mexico, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Optometrist

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Gertrude Lawler

(b) Address 1009 Cherry Street

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3/27/1947
(Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 3-27-47 (Date received local registrar)

(b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24,
year 1947 hour 5: minute 30 P. M.

21. I hereby certify that I attended the deceased from March 21, 1947 to March 21, 1947;
that I last saw him alive on March 21, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden Coronary Occlusion
Thrombosis 7 yrs.

Due to Coronary Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy none 949

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? _____

23. Signature Delia B. Well (M. D. or other) 0
Address Springfield, Missouri (Specify type of place) (e) Means of injury _____
Signed 3/24/47

(Licensed Embalmer's Statement on Reverse Side)

111

AUG 7 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.....

Lee Mason....., Registered Apprentice No. *477*
working under my personal supervision.

Signed *Jewell E. Kindle*
Licensed Embalmer No. *2831*
P. O. Address *Springfield*

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.

(2011)