

Registration District No. 324

Primary Registration District No. 6093

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: Mo State School 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months
(Specify whether years, months or days)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME LAWRENCE-MATTHEWS

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased: Nov 19-1935
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

11 4 1 _____ hr. _____ min.

9. Birthplace: Mo 6
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Lawrence Matthews

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 Records Mo State School

(b) Address Marshall Mo

17. (a) burial (b) Date thereof 3/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo State School

18. (a) Signature of funeral director: J. Paulin

(b) Address Marshall Mo

19. (a) Mar 21 1947
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1947 hour 7 minute 10 A .M.

21. I hereby certify that I attended the deceased from March 10 1947 to March 20 1947
that I last saw him alive on March 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____

Due to _____

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

Major findings: 93%

Of operations _____

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 0

23. Signature R. Kelly (M. D. or other)

Address Marshall Mo Date signed 3/20/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

97
0
0

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-17-47

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..... *J. Letic Sussney*
Licensed Embalmer No. 3235
P. O. Address..... *Marshall, Md*

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.