

Registration District No. **66** Primary Registration District No. **5256** Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County **Chariton**
 (b) City or town **Cunningham Twp. Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **10 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Chariton 2/**
 (c) City or town **Rural, R.F.D. Brookfield**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **9 miles NE of Sumner**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **George W. J. Lawrence**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **28**
 year **1947** hour **2** minute **00** P.M.
21. I hereby certify that I attended the deceased from **12-18**
 _____, 1947, to **4-28**, 1947;
 that I last saw him alive on **4-25**, 1947;
 and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **M**
 6. (b) Name of husband or wife **Agnes May Berry**
 6. (c) Age of husband or wife if alive **44** years
 7. Birth date of deceased **July 23, 1900**
 (Month) (Day) (Year)

Immediate cause of death **Coronary occlusion**
 Due to **Coronary sclerosis** **2 years**
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
46 9 5 hr. min.

9. Birthplace **Tampa, Kansas**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

PHYSICIAN
 Underline the cause to which death should be charged statistically.
944

11. Industry or business _____
MOTHER FATHER
12. Name **Herman Lawrence**
13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
14. Maiden name **Emily Wambsoence**
15. Birthplace **Marion, Kansas**
 (City, town, or county) (State or foreign country)
16. (a) Informant **Mrs. Agnes Lawrence**
 (b) Address **Brookfield, Mo.**
17. (a) Removal (b) Date thereof **Apr. 30, 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Council Grove, Kans.**
18. (a) Signature of funeral director **Rusk Funeral Home**
 (b) Address **Brookfield, Mo.**
19. (a) Cyber 30 47 (b) **Martha Clark**
 (Date received local registrar) (Registrar's signature)

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 **George W. Lawrence** (M. D. or other)
 Address **Brookfield, Mo.** Date signed **4/28/47**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-15-42

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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.