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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1947

Registration District No. 145

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27552

Primary Registration District No. 5566

Registrar's No.

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution:
20 miles west of Belleview
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 20 miles west of Belleview 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Arthur Laws

3. (b) If veteran, name war no

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 Florence Laws

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan 24 1886
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Rufus Marian Laws
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Danley
15. Birthplace Perry Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.A. Laws
(b) Address Goodland Missouri

17. (a) burial (b) Date thereof 8-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Banner Missouri

18. (a) Signature of funeral director Norman White & Sons
(b) Address A. White Ironton Missouri

19. (a) Aug 20, 1947 (b) Mrs Elizabeth Logan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1947 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from June 10, 1947 to Aug. 9, 1947
that I last saw him alive on July 7, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	30 min.
Due to Chronic myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 0

23. Signature Ben M. Bull (M. D. or other) M.D.
Address Ironton, Mo. Date signed 8-16-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
[illegible] Health Officer No. 4
[illegible]ct File Number 847-110
Date Filed 8-26-47

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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Ironton 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.