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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30029**

FILED AUG 27 1947

Registration District No. **24**

Primary Registration District No. **3072**

Registrar's No. **157**

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall *Mo*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
268 South Jefferson /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Since 1880
years, months or days)

3. (a) PRINT FULL NAME Mettie Charlotte Laurie

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow *I*
6. (b) Name of husband or wife William B. Laurie 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased December 28th, 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>6</u>	<u>29</u>	hr. min.

9. Birthplace Saline County, Missouri *0*
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Joseph B. Smith
13. Birthplace Saline County, Missouri *0*
(City, town, or county) (State or foreign country)
14. Maiden name Harriet Land
15. Birthplace Unknown Virginia /
(City, town, or county) (State or foreign country)

16. (a) Informant H. B. Laurie
(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof July 29, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell
(b) Address Marshall, Mo.

19. (a) July 29, 1947 Sidney G. Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline *97*
(c) City or town Marshall /
(If outside city or town limits, write "RURAL")
(d) Street No. 268 South Jefferson *2*
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1947 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1930 to July 27 1947;
that I last saw her alive on July 26 1947
and that death occurred on the day and hour stated above.

Immediate cause of death No particular disease -
Due to.....
Due to.....

Other conditions (If pregnancy within 3 months of death)
Chronic bronchial asthma
Major findings: 112
Of operations:
Of autopsy.....

Duration

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?..... (c) Means of injury 0

23. Signature William M. D. (M. D. or other)
Address Marshall Mo Date signed 7-30-47

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

RECEIVED

District Health Officer ~~W. S.~~

District File Number

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

John H. Lewis

Licensed Embalmer No. *1171*

P. O. Address *Marshall, 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.