S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34812

FILED NOV 5 1947

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 219

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Brenda Lee LAWRENCE
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 17, (Day) 1947 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	18 hr. min.

9. Birthplace Carthage, (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation No
11. Industry or business
FATHER
12. Name Wilbur Lawrence
13. Birthplace Unknown (City, town, or county) (State or foreign country) 7
MOTHER
14. Maiden name Louise Strow
15. Birthplace Pipestone County (City, town, or county) Minn. (State or foreign country) 1
16. (a) Informant Mr. L. L. Strow
(b) Address Route #2 Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 19 (Day) 47 (Year)
(c) Place: burial or cremation Jasper Masonic Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.
19. (a) 10-20-1947 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature) 159

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th.
year 1947 hour 8:20 minute A. M.
21. I hereby certify that I attended the deceased from Oct 17, 1947 to Oct 18, 1947;
that I last saw her alive on Oct 17, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity Incantation (Premature birth)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN
Underline the cause of 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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature Homer E. Ford M.D. (M. D. or other)
Address Carthage Mo Date signed 10-18-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-10-809

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 Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.