

6. 2
2-45
7-39
X47070

FILED DEC 11 1947
Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **412**

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

1. PLACE OF DEATH:

(a) County **PETTIS**

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

(c) Name of hospital or institution **20th + WARRER**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **70 YRS.**
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME **WILLIAM LEE LAWRENCE**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **MO** 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 **10 11 1870**
(Month) (Day) (Year)

8. AGE: Years **77** Months **1** Days **18** If less than one day _____ min.

9. Birthplace **TENN**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business _____

12. Name **THOMAS LAWRENCE**

13. Birthplace **N.C.**
(City, town, or county) (State or foreign country)

14. Maiden name **LUCINDA PHELIPS**

15. Birthplace **TENN**
(City, town, or county) (State or foreign country)

16. (a) Informant **Burkley Lawrence**

(b) Address **Sedalia mo**

17. (a) **BURIAL** (b) Date thereof **12-1-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CROWN HILL**

18. (a) Signature of funeral director **Geo Dillard**

(b) Address **Sedalia mo**

19. (a) **12/1/47** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **PETTIS**

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

(d) Street No. **20th + WARREN**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **29** year **1947** hour **6** minute **20** M.

21. I hereby certify that I attended the deceased from **11-28** 19**47** to **11-29** 19**47** that I last saw **he** alive on **11-29** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **HT Central Venous Thrombosis 2nd attack** Duration **20**

Due to _____

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 **12-1-47**

(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? **Yes**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Alfred E. Mowbray** (M. D. or other) **M.D.**

Address **11 W 4 Sedalia Mo** Date signed **12-1-47**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-10-47

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 _____

Frank B. Coffman Jr., Registered Apprentice No. 16
working under my personal supervision.

Signed John A. Cantlon
Licensed Embalmer No. 4387
P. O. Address Jedalia, 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.