

UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40656

State File No.

FILED DEC 3 1947
Registration District No. 1947/0

Primary Registration District No. 6151

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Parma, Mo. Route 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard
(c) City or town Parma, Mo. Route 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME REATHA LAWRENCE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married married
6. (b) Name of husband or wife G.P. Lawrence 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Jan 13 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Trigg County Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William M^e Waters

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Bannister

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

16. (a) Informant G.P. Lawrence

(b) Address Parma, Mo. Route 1

17. (a) Burial (b) Date thereof 11-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cemetery

18. (a) Signature of funeral director Thomas C. Knight

(b) Address Parma, Mo

19. (a) Nov 21, 1947 (b) Lottie Jefferson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1947 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease (Coronary Thrombosis)
(Stroke)

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 1.47
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?

While at work? _____ (Specify type of place) (e) Means of injury 3
23. Signature L. B. G. one (M., D., or other) Car.
Address Deater, Mo Date signed 11/14/47

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

13
0
0

RECEIVED

District Health Office No. 2

District File Number 1847-1513

Date Filed 12-1-47

46846
300

168.46

10.75

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.....

Wallace R Knight

Registered Apprentice No. 482

working under my personal supervision.

Signed.....

Thomas C Knight

Licensed Embalmer No. 2189

P. O. Address *Parma 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.