

S. No. 2
-12-45
5-17-39
I X47070

FILED FEB 26 1948
3861
Registration District No. _____

Primary Registration District No. **6227**

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Overfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution
Home in Overfield, Mo.
(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 Vernon

(c) City or town Overfield, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Lucy A. Lawrence

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank S. Lawrence 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 23 - 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12th
year 48 hour 9 minute 15P. M.

21. I hereby certify that I attended the deceased from 3 Feb, 1948 to 12 Feb, 1948
that I last saw her alive on 8 Feb, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis
myocardial failure 3 days

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>3</u>	<u>20</u>	_____ hr. _____ min.

9. Birthplace Linn Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER, FATHER

12. Name Wesley Kamm

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

14. Maiden name Anna F. Crumbaugh

15. Birthplace Summit Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elmer Lawrence

(b) Address Overfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereon 2-15-48
(Month) (Day) (Year)

(c) Place: burial or cremation Overfield, Mo.

18. (a) Signature of funeral director Edinger Funeral Home

(b) Address Nevada, Mo.

19. (a) 2-17-1948 (Date received local registrar) (b) Mrs. W.C. Graves (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(d) Means of injury _____

23. Signature Ray W. Gentry (M. D. or other) m.D.

Address Nevada, Mo. Date signed 2-17-48

RECEIVED

District Health Officer No. 7,

District File Number 1-48-131

Date Filed 2-25-48

[Faint handwritten notes and scribbles]

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 Mark Eicheiger

Licensed Embalmer No. 2656

P. O. Address Nevada 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.

[Faint handwritten notes and scribbles]