

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Fitch
State File No. 29487
Registrar's No. 824

Registration District No. 228 Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
In this community 93 or years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1500 St. Louis St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH ELLEN LAWRENCE
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September Day 30,
year 1948 hour 4: minute 45 AM.
21. I hereby certify that I attended the deceased from Aug. 10
1948, to Sept. 30, 1948
that I last saw her alive on Sept 29
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James R. Lawrence
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased May 22, 1952
(Month) (Day) (Year)

Immediate cause of death Trauma of Left Hip
Duration 7 hrs.

8. AGE: Years Months Days If less than one day
96 4 8 hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Unknown County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home Makeing

12. Name Andrew Shields
13. Birthplace Unknown Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Switzer
15. Birthplace Unknown Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roland Pyles (dau)
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 10/14/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bear Thicket
Norman-Schertf Fun'l

18. (a) Signature of funeral director Springfield, Missouri
(b) Address

19. (a) 10-2-48 (b) W. H. Hunkley M.D.
(Date received local registrar) (Registrar's signature)

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) Accident - Fall

(b) Date of occurrence 8-10-48

(c) Where did injury occur? Home - 133
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None
Home (Specify type of place) (e) Means of injury Fall

23. Signature Max J. J. J. (M. D. or other)
Address Springfield Mo Date signed 9-30-48

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

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..... *Lewis G. Schaff*

Licensed Embalmer No. *3802*

P. O. Address. *Springfield, 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.