

FEB 14 1941

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2721

Registration District No. 347

Primary Registration District No. 5489A

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton Mo RR #3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community nearby all life
years, months or days)

3. (a) PRINT FULL NAME ZORA Olive LAWLER

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

4. Sex Fem 5. Color or race White 6. (a) Single, widowed, married, divorced Wid

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

7. Birth date of deceased July 13 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 19 If less than one day hr. _____ min. _____

9. Birthplace COOPER, Co, MO
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name WM Byron SCOTT

13. Birthplace Copper Co, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Lida Jane Hornbeck

15. Birthplace Copper Co, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Lawler

(b) Address Clinton Mo RR 3

17. (a) Burial (b) Date thereof 1-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood cem

18. (a) Signature of funeral director Consalus + Peck

(b) Address Clinton Mo

19. (a) 1-8-41 (b) W. R. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Bethelton Top RR #3
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1941 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from 12-29-40
19____ to 1-1-41 19____
that I last saw her alive on 12-31- 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from the stomach

Due to Gastric Cancer of

Other conditions H-b
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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? _____

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

23. Signature E. C. Peck (M. D. or other) Phys
Address Clinton Mo Date signed 1/2/41

Duration
30a
3pm
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 2-41-268

Date Filed 2-7-47

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed J. E. Conislaw

Licensed Embalmer No. 1891

P. O. Address Clinton Ms

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, above space should be left blank.