

No. 2
5-42
17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10334**
Registrar's No. **714**

ED APR 14 1943

Registration District No. **137**

Primary Registration District No. **3023**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Clinton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Community Clinic Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**
(c) City or town **Clinton** (If outside city or town limits, write "RURAL")
(d) Street No. **211 N 2nd** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **29**
year **1943** hour **2** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Sept 1938** to **Mar 2, 1943**
that I last saw him alive on **Mar 29, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Septal Cures following splenectomy**
Duration: **6 mos.**
Due to: **Septal Cures following splenectomy**
Due to: **63 & 1**

Other conditions: (include pregnancy within 3 months of death)
Major findings: **Septal Cures**
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) (e) Means of injury **D**

23. Signature **Joseph P. O'Neill** (M. D. or other) **M.D.**
Address **Clinton, Mo.** Date signed **3-31-43**

3. (a) PRINT FULL NAME **Nellie Irene Lawler**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife **Walter Lawler** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **9 16 1890** (Month) (Day) (Year)

8. AGE: Years **52** Months **6** Days **13** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Wm R Smith**
13. Birthplace **Indiana** (City, town, or county) (State or foreign country)
14. Maiden name **Mary E Green**
15. Birthplace **Indiana** (City, town, or county) (State or foreign country)

16. (a) Informant **Mary K Lawler**
(b) Address **Clinton Mo**
17. (a) **Burial** (b) Date thereof **3 31 43** (Month) (Day) (Year)
(c) Place: burial or cremation **Englewood Cem**

18. (a) Signature of funeral director **Fred E Wilkincox**
(b) Address **Clinton Mo**

19. (a) **March 31 1943** **Georgia Kitchen** (Date received local registrar) (Registrar's signature)

108 9 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No: 71

Printed File Number

3-43-115

4-13-43

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.....

Fred W. Kessner

Licensed Embalmer No.....

2478

P. O. Address.....

Clinton, 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.