

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton Mo Rural
(c) Name of hospital or institution In home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry 42
(c) City or town Clinton Mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RR 2
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ROBERT GRAY LAWLER
(b) If veteran, name war 0
(c) Social Security No. 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 12
year 1944 hour 80 minute 0 M.
21. I hereby certify that I attended the deceased from 7-12
1944 to 7-12 1944
that I last saw him alive on 7-12 1944
and that death occurred on the date and hour stated above.

4. Sex 0 Man 5. Color or race white
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife months
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 29 1867
(Month) (Day) (Year)

Immediate cause of death Cerebral aneurysm 8hr
Duration 8hr
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 94a

8. AGE: Years 76 Months 10 Days 16 hr. _____ min. _____
9. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Retired Farmer
11. Industry or business _____
12. Name Wm Barker Lawler
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Amelia Maulder
15. Birthplace Tenn
(City, town, or county) (State or foreign country)
16. (a) Informant Elmer Lawler
(b) Address Clinton Mo RR 2
17. (a) Burial (b) Date thereof 7-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Teco Cem
18. (a) Signature of funeral director Conrad & Beck
(b) Address Clinton Mo
19. (a) July 15, 1944 Georgia Kitcher
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature H. Walker (M. D. or other) M.D.
Address Clinton Mo Date signed 7-14-44

RECEIVED
District Health Officer No. 7;
District File Number 7-44-921
Date Filed 8-9-44

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. Connelley*
Licensed Embalmer No. *1891*
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.