

APR 10 1941
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10665. 9
State File No. _____
Registrar's No. 192

Registration District No. _____

Primary Registration District No. 2001

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: 822 Peach
(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 Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 822 Peach (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME LAWRENCE SYLVESTER DANIELS

MEDICAL CERTIFICATION

3. (b) If veteran, name war no 3. (c) Social Security No. None

20. DATE OF DEATH: Month Mar day _____ year 1941 hour 9 minute 30 P. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased: April 15 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/5/41 to 3/6/41; that I last saw him alive on 3-5-41 and that death occurred on the date and hour stated above.

8. AGE: Years 39 Months 10 Days 21 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral hemorrhage
Duration 3 da

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

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

10. Usual occupation Unknown

11. Industry or business _____

12. Name Lawrence S. Daniels

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

14. Maiden name Mary Josephine Elder
15. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clyde Smith
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof March 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director W. H. Wagner & Co.
(b) Address Springfield, Mo.

19. (a) 3-7-41 (b) W. E. Handley
(Date received local registrar) (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)
Means of injury _____
Signature W. E. Handley (M. D. or other) _____
Date signed 3/8/41

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

39
2
6

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.....

Ogden Sloan Jr.

Licensed Embalmer No. *4196*

P. O. Address *Springfield*

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.