. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED SEP 25 1945

STANDARD CERTIFICATE OF DEATH

State File No. 30556 ✓

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 729

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: 1600 COLLEGE ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County GREENE 39
(c) City or town SPRINGFIELD 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1600 COLLEGE ST. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME LULA ELVY FORRESTER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife UNK.
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased NOV. (Month) 27 (Day) 1873 (Year)

8. AGE: Years 71 Months 9 Days 16 ✓ If less than one day hr. min.

9. Birthplace BROOKLINE (City, town, or county) MO. 1 (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business AT HOME
FATHER
12. Name HARVEY LAWSON
13. Birthplace UNK. (City, town, or county) TENN. 1 (State or foreign country)
MOTHER
14. Maiden name SARAH PARKER
15. Birthplace UNK. (City, town, or county) TENN 1 (State or foreign country)
16. (a) Informant Max Forrester
(b) Address SPRINGFIELD MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 16-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address SPRINGFIELD MO.
19. (a) 9-15-45 (Date received local registrar) (b) Dr M S Hendley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1945 hour 8 minute 15 A. M.
21. I hereby certify that I attended the deceased from May 1, 1945 to Sept 13, 1945 that I last saw him alive on Sept 12, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-Renal Vascular Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)
While at work?
(e) Means of injury
23. Signature Max Forrester (M. D. or other) MD
Address Springfield Mo. Date signed 9-14-45

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(Licensed Embalmer's Statement on Reverse Side)

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 B Klingner Jr

Licensed Embalmer No. 3358

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.