

Registration District No. **141**

Primary Registration District No. **3025**

Registrar's No. **33**

1. PLACE OF DEATH:

(a) County **Howell**  
(b) City or town **West Plains**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Residence**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **NO**  
(Specify whether years, months or days)  
In this community **19 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howell**  
(c) City or town **West Plains**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **230 E. Main**  
(If rural, give location)  
(e) Citizen of foreign country? **No.**  
If yes, name country

3. (a) PRINT FULL NAME **LAWRENCE EARL AMYX**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Linnie Ford Amyx** 6. (c) Age of husband or wife if alive **41**

7. Birth date of deceased **August 4 1904**  
(Month) (Day) (Year)

8. AGE: Years **41** Months **7** Days **3** If less than one day  
hr. min.

9. Birthplace **Rockbridge, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Dentist.**

11. Industry or business

12. Name **Sidney Amyx**

13. Birthplace **Gainesville, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Edgie Patterson**

15. Birthplace **Rockbridge, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Sidney Amyx**

(b) Address **Gainesville, Mo.**

17. (a) **Burial** (b) Date thereof **Mar. 10, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**Oak Lawn Cemetery, West Plains, Mo.**

(c) Place: burial or cremation

18. (a) Signature of funeral director **Hal Thomburg**

(b) Address **West Plains, Mo.**

19. (a) **3-16-46** (b) **Bladyson Harrison**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **7**, year **1946** hour **11**: minute **50** P. M.

21. I hereby certify that I attended the deceased from **October 18 1945** to **March 7 1946** that I last saw him alive on **March 7 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Military tuberculosis**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **Bladyson Harrison** (M. D. or other)

Address **West Plains, Mo. 37047** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

*220*

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

1166

6

FILED APR 7 1946

RECEIVED  
District Health Officer No. 5, 1922  
District File Number 446282  
Date Filed 11/16/1922

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, ~~on~~.....

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

Signed Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.