

Registration District No. **49**

Primary Registration District No. **4170**

1. PLACE OF DEATH:

(a) County **Hopkirk**
(b) City or town **Union Star, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **59 yrs** years, months or days

3. (a) PRINT FULL NAME **James E. Lawhead**

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

4. Sex **M** Color or race **W** 5. Color or race **W**
6. (a) Single, widowed, married, divorced, widowed **2**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Mar. 20, 1861** (Month) (Day) (Year)

8. AGE: Years **85** Months **8** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **Warren County Ill** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Banker**

11. Industry or business _____

12. Name **Robert J. Lawhead**

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

14. Maiden name **Margaret Elder**

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

16. (a) Informant **Mrs. Lucile M. Wilson**
(b) Address **Union Star, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 18, 1946** (Month) (Day) (Year)

(c) Place: burial or cremation **Union Star, Mo**

18. (a) Signature of funeral director **Lucile M. Wilson**
(b) Address **Union Star, Mo**

19. (a) **1-10-47** (Date received local registrar) (b) **James E. Lawhead** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **DeKalb** **32**
(c) City or town **Union Star, Mo.** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **16** year **1946** hour **5** minute **10** P.M.

21. I hereby certify that I attended the deceased from **October 15** to **December 15, 1946** that I last saw him alive on **December 15, 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Pneumonia** **7 days**
Left Cardiac Hypertrophy
Arteriosclerosis

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

Major findings: Of operations _____ Of autopsy _____

Duration **7 days**
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 **2**

23. Signature **Wm H. Overhis** (M. D. or other) **D.O.**
Address **Union Star, Mo** Date signed **12-17-46**

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

MAR 19 1947

030709
11/1

221104

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address *King City, 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.