

1939 MAY 11

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14296
Do not use this space.

1. PLACE OF DEATH Buchanan 2
 (a) County Buchanan 85
 (b) Township Wachtikon 1
 (c) City St. Joseph (d) Street No. 907 Mason Ave. 1001
 (e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT-FULL NAME Anna Dorothy Lawhon
 (a) Residence, No. 907 Mason Ave. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. F. Lawhon
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1856
 7. AGE YEARS 82 MONTHS 8 DAYS 6 If LESS than 1 day, hrs. or min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Huron 7
 (STATE OR COUNTRY) Denmark

FATHER
 13. NAME Peter Jensen 7

14. BIRTHPLACE (CITY OR TOWN) Unknown 7
 (STATE OR COUNTRY) Denmark

MOTHER
 15. MAIDEN NAME Unknown 9

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. L. A. McClelland
 Hiawatha, Kansas.

18. BURIAL, CREMATION; OR REMOVAL PLACE Mt. Auburn Cem. DATE April 20, 1939

19. FUNERAL DIRECTOR (NAME) Clark Mortuary
 (ADDRESS) 5025 King Hill Ave.

20. FILED Apr 19, 1939 A. J. Mathias
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-8, 1939, to 4-18, 1939.
 I last saw her alive on 4-18, 1939. Death is said to have occurred on the date stated above, at 9:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Bronehiectasis
 106
 Date of onset 4-10-39
 Other contributory causes of importance:
 Bronchitis, arteriosclerosis, general, for years

Name of operation None Date of
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) Thomas Redmond, M. D.
 (Address) 325 West Patrick Bldg
 St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Em a Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, 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, above space should be left blank.