FD AUG 22 1940
S. No. 2
—11-10-39
. 5-17-39
I X21492

08

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26539

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 182

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural WASHINGTON-TP. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: STATE-HOSPITAL NO-3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

In this community 12 DAYS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HENRY

(c) City or town CLINTON-MISSOURI (If outside city or town limits, write "RURAL")

(d) Street No. UNKNOWN (If rural, give location)

(e) If foreign born, how long in U. S. A.? —BORN U.S.A. years.

3. (a) PRINT FULL NAME LAWSON-IDA-C.

3. (b) If veteran, name war no

3. (c) Social Security No. —None

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LAWSON-CLAUDE B.

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased MARCH (Month) 1 (Day) 1886 (Year)

8. AGE: Years 54 Months 4 Days 2 If less than one day 8 hr. 45 min.

9. Birthplace HENRY COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business NONE

MOTHER FATHER

12. Name SAMUEL VANSANT

13. Birthplace UNKNOWN (City, town, or county) ILLINOIS (State or foreign country)

MOTHER

14. Maiden name ELIZABETH VOYLES

15. Birthplace UNKNOWN (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant RECORDS-STATEHOSPITAL NO 3

(b) Address NEVADA-MISSOURI

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-40 (Month) (Day) (Year)

(c) Place: burial or cremation Clinton

18. (a) Signature of funeral director [illegible] Vansant

(b) Address Clinton Mo.

19. (a) 7-28-40 (Date received local registrar) (b) Allen C. Kaye (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1940 & hour 4 45 minute A M.

21. I hereby certify that I attended the deceased from JULY 15, 1940, to JULY 27, 1940, that I last saw her alive on JULY 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
BRONCHIAL-PNEUMONIA	12 DAYS
CHRONIC MYOCARDITIS.	
Due to	
9 3 C	
Due to	
Other conditions AGITATED-INVOLUTIONAL MELANCHOLIA (Include pregnancy within 3 months of death)	

Major findings:
Of operations NONE
Of autopsy NONE

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 Paul L. Barone (M. D. or other)

Address State Hosp No 3 Nevada Mo. Date signed July 27, 1940

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 8-40-1142
Date Filed 8-9-40

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 N. K. Clausant

Licensed Embalmer No. 3779

P. O. Address Clinton Me

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.