

Registration District No. 85

Primary Registration District No. 5259

Registrar's No. 19

SEP 16 1940

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Rural "Linda Temp"
(c) Name of hospital or institution:
at residence - 3 mi. N. Ozark
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 36 years
years, months or days)

8. (a) PRINT FULL NAME Amos Lawson 250
(b) If veteran, name war. ✓
3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary E. Buscheth
6. (c) Age of husband or wife if alive deceased years
7. Birth, date of deceased. April 29 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 13 hr. min.

9. Birthplace Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business at home

MOTHER FATHER
12. Name Jim Lawson
18. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Emmett Talson

(b) Address 1640 S. Jefferson - Springfield, Mo.

17. (a) Burial (b) Date thereof. 8/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linda Temp

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

(b) Address Ozark, Mo.

19. (a) 8-26-40 (b) Josephine Merritt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Christian
(c) City or town Rural "Linda Temp"
(If outside city or town limits write "RURAL")
(d) Street No. 3 mi. North of Ozark
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 12
year 1940 hour 110 minute 10 P. M.

21. I hereby certify that I attended the deceased from 8-9-40
19____, to 8-12-40, 19____;
that I last saw him alive on 8-12-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial dysentery

Due to _____
Due to _____

Other conditions Bronchial Asthma
(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 [Signature] (M. D. or other) M.D.

Address Ozark, Mo Date signed 8-13-40

Duration 2 wks
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 940-2505

Date Filed SEP 03 1940

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.....

Forest Klepper

Registered Apprentice No. 143

working under my personal supervision.

Signed B. C. Klepper

Licensed Embalmer No. 2178

P. O. Address Quincy, 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.