

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7227

State File No. _____

MAR 17 1941
Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 29

19
1
3

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 717 E Fifth
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community Sixty Five Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Lawin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race Colored

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

6. (b) Name of husband or wife Lucy

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased March 10 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 10 29 5
hr. min.

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

10. Usual occupation Janitor

11. Industry or business None

MOTHER FATHER

12. Name Dallas Lawin

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

14. Maiden name Carol Twiss

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

16. (a) Informant Lucy Lawin

(b) Address 717 E Fifth

17. (a) Burial (b) Date thereof Feb 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeDay Hill Cemetery

18. (a) Signature of funeral director Kuell Mortuary

(b) Address Carthage Missouri

19. (a) Feb 12 1941 (b) E. G. McEntire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 3
(If outside city or town limits, write "RURAL")

(d) Street No. 717 E Fifth
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1941 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 1940 to Feb 9 1941
that I last saw him alive on Feb 8 1941
and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis Duration 2 days

Due to Rupture of Rt kidney pelvis

Due to unilateral obstruction (Impacted kidney) 3 mo

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

Major findings: Of operations none

Of autopsy no

PHYSICIAN int'd

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) none

(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? 865

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature George H. Wood (M. D. certified) D

Address Carthage Mo Date signed 2/11/41

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 _____

John D. Patchelder

Licensed Embalmer No. 4157

P. O. Address Carthage, 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.