S. No. 2
-11-10-39
5-17-39
PI X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED APR 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12358

State File No.

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 106

1. PLACE OF DEATH:

(a) County VERNON

(b) City, or town NEVADA (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 Hospital (Specify whether years, months or days) In this community 4 YEARS 6 MONTHS-3 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER

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

(d) Street No. RR I (If rural, give location)

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

3. (a) PRINT FULL NAME JOHN LAWSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife UNKNOWN

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

7. Birth date of deceased Oct (Month) 28 (Day) 1854 (Year)

8. AGE: Years 86 Months 5 Days 3 If less than one day — hr. — min.

9. Birthplace UNKNOWN CAMBRIDGE, INDIANA (City, town, or county) (State or foreign country)

10. Usual occupation GARDNER

11. Industry or business NONE

FATHER 12. Name EMANUEL LAWSON

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

MOTHER 14. Maiden name LUCY DILL

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

16. (a) Informant RECORDS STATE HOSP No 3

(b) Address NEVADA - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/41 (Month) (Day) (Year)

(c) Place: burial or cremation Carthage Mo.

18. (a) Signature of funeral director Mark Eichinger

(b) Address Nevada, Mo.

19. (a) 4-1-41 (Date received local registrar) (b) Albert E Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 31 year 1941 hour 10 minute 50 P M.

21. I hereby certify that I attended the deceased from Oct, 1939, to MARCH 31, 1941; that I last saw him alive on MARCH 31, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CHRONIC DEGENERATIVE MYOCARDITIS	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): GENERALIZED ARTERIOSCLEROSIS SENILITY	

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: No!

(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? (Specify type of place)

While at work? (e) Means of injury

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

Address State Hospital No 3 Date signed March 31 1941

(Licensed Embalmer's Statement on Reverse Side) Nevada Mo.

RECEIVED
District Health Officer No. 7,
District File Number 4-41-648
Date Filed 4-8-41

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 Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.