No. 2
13-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18833

Registration District No. 746 Primary Registration District No. 4447 Registrar's No.

1. PLACE OF DEATH
(a) County Reynolds
(b) City or town Centerville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 90
(a) State MISSOURI (b) County REYNOLDS 0
(c) City or town CENTERVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME DELILAH ANN LAWSON
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife GEORGE W. LAWSON
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DECEMBER (Month) 19 (Day) 1868 (Year)

8. AGE: Years 72 Months 4 Days 22 If less than one day hr. min.

9. Birthplace SPRINGFIELD (City, town, or county) / ILLINOIS (State or foreign country)
10. Usual occupation HOUSE WIFE.
11. Industry or business
MOTHER FATHER
12. Name WILLIAM RILEY GREEN
13. Birthplace / TENNESSEE (City, town, or county) (State or foreign country)
14. Maiden name HARRIET SMITH.
15. Birthplace MT PLEASANT / ILLINOIS (City, town, or county) (State or foreign country)
16. (a) Informant MRS LAWRENCE THOMPSON
(b) Address CENTERVILLE MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5 (Month) / 14 (Day) / 41 (Year)
(c) Place: burial or cremation HOBBS CHAPEL.
18. (a) Signature of funeral director Geo. B. Smith
(b) Address Ironton Mo.
19. (a) May 27 (Date received local registrar) (b) 41 Mo 28 Pyttle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11th year 1941 hour 4:30 minute A. M.
21. I hereby certify that I attended the deceased from April 23, 1941, to May 11, 1941; that I last saw her alive on May 7, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes mellitus	16 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Amputation L. leg for gangrene L. foot 4-26-41	
Of autopsy:	

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 Ben M. Bull (M. D. or other) M.D.
Address Ironton, Mo. Date signed 5-13-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

5/11/41, Registered Apprentice No.....

working under my personal supervision.

Signed Geo. P. Lenckel

Licensed Embalmer No. 3475

P. O. Address Ironton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.