

Registration District No. 575

Primary Registration District No. 4339

Registrar's No.

1. PLACE OF DEATH:

(a) County **Moniteau**
 (b) City or town **Tipton**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Latham Sanitarium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **19 days**
(Specify whether
 In this community **LIFE**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri **Moniteau** **28**
 (a) State (b) County
 (c) City or town **Tipton (Rural)**
(If outside city or town limits, write "RURAL")
 (d) Street No. **No**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **Native**

3. (a) PRINT FULL NAME **Estell Clinton Lawson**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Allie Lawson** 6. (c) Age of husband or wife if alive **64** years
 7. Birth date of deceased **December 25 1878**
(Month) (Day) (Year)

8. AGE: Years **62** Months **7** Days **25** If less than one day
hr. min.

9. Birthplace **Garrard County / Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farm**

12. Name **Roy S. Lawson**

13. Birthplace **/ Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Margarett Mong**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Roy Springs**

(b) Address **Clarksburg, Mo**

17. (a) **Burial** (b) Date thereof **8-22-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial **MORAU Cemetery**

18. (a) Signature of funeral director **James E. Richard**

(b) Address **Tipton Mo**

19. (a) **Aug 20 41** (b) **Mrs. Sarah Fox**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **20**
 year **1941** hour **11** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Aug 11** 1941 to **Aug 19** 1941
 that I last saw him alive on **Aug 19** 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Pneumonia**
 Due to **Myocarditis Chronica**

Due to **93**
 Other conditions **93**
(Include pregnancy within 5 months of death)

Major findings: Of operations _____
 Of autopsy _____

Duration _____
 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? _____

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature **J. F. Potts** (M. D. or other) _____
 Address **Tipton Mo** Date signed **8-22-41**

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

2
41
39
22690

FILED SEP 11 1941

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

James E. Richard
Licensed Embalmer No. 2466
P. O. Address Ipton, Va

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, fact should be so stated above.