

S. No. 2
1-4-41
5-17-39
X26390

14224

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 88

Registration District No. _____

Primary Registration District No. 5406

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

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Rural Independence
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: RFD #2 Kennett Mo
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Dunklin
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. RFD #2 Kennett
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MANCEL N. LAWSON
 (b) If veteran, name war _____
 (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 30
 year 1941 hour 10 minute 50 a.m.
 21. I hereby certify that I attended the deceased from
January 1941 to Nov 30 1941
 that I last saw him alive on Nov 29 1941
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (b) Name of husband or wife Delia Lawson
 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased: Sept 21 1859
(Month) (Day) (Year)

Immediate cause of death: Bronchial Asthma

8. AGE: Years 82 Months 2 Days 9
(If less than one day hr. min.)

Due to _____
 Due to _____

9. Birthplace Van Buren Co., Penn
(City, town, or county) (State or foreign country)

Other conditions Old age
(Include pregnancy within 3 months of death)

10. Usual occupation Farming

MOTHER FATHER
 11. Industry or business _____
 12. Name Bill Lawson
 13. Birthplace Penn
(City, town, or county) (State or foreign country)
 14. Maiden name Owens
 15. Birthplace Penn
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy 112
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Jim Lawson
 (b) Address RFD #2 Kennett Mo
 17. (a) Burial (b) Date thereof 12-1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Hazel Cemetery
 18. (a) Signature of funeral director Ray Russell
 (b) Address Piquette Ark
 19. 12-1-1941 John Black
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature J. Higgins (M. D. or other) _____
 Address Kennett Mo Date signed 12-1-41

RECEIVED

District Health Office No. 2

District File Number 442-514

Date Filed 4-13-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.