

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 14774

FILED MAY 15 1942

Registration District No. 467Primary Registration District No. 4280Registrar's No. 50

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME John Jackson Lawson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased June 25 1868
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
73 9 23 hr. _____ min.9. Birthplace ? Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Sam Lawson
13. Birthplace ? Tennessee
(City, town, or county) (State or foreign country)14. Maiden name Sarah Fayer
15. Birthplace ? Tennessee
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Roy Lawson(b) Address Aurora Mo.17. (a) Burial (b) Date thereof 4/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Aurora Mo.18. (a) Signature of funeral director J. B. King(b) Address Aurora Mo.19. (a) 4-23-1942 (b) James Brown King
(Date received local registrar) (Registrar's signature) AKC

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
 (c) City or town Aurora
 (If outside city or town limits, write "RURAL")
 (d) Street No. E Myrtle St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1942 hour 10 minutes 10 P. M.21. I hereby certify that I attended the deceased from April 5 1942 to April 21 1942
that I last saw him alive on April 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Cardiac failure & pulmonary edema 1 day
 Due to _____
diffuse carcinoma _____
 Due to _____
carcinoma of bladder _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: 52 lb
 Of operations _____
 Of autopsy diffuse fulminating carcinoma
 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 _____
 28. Signature Maxwell Ford (M. D. or other) MO
 Address Levona Mo. Date signed 4-21-42

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

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 542-716

Date Filed MAY 14 1942

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.....

Herman Curridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.