

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 145

JUN 3 1942

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: O'Grim-Smith Hospital, Kirksville, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 days
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland
 (c) City or town Rutledge
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Doris Daylene 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 Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased August 1930
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>11</u>	<u>9</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Rutledge Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Lynn Lawson
 13. Birthplace Unionville Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Norton
 15. Birthplace Knox City Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Angie (Norton) Lawson
 (b) Address Rutledge Missouri
 17. (a) Burial (b) Date thereof 5 15 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pauline Cemetery

18. (a) Signature of funeral director Bailey and Co.
 (b) Address Rutledge Mo. P. O. Box K.B.
 19. (a) May 20 1942 (b) Mrs. J. P. Wagner
 (Date received local registrar) (Registrar's signature)

1049 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
 year 1942 hour 1 minute A M.

21. I hereby certify that I attended the deceased from May 10
 1942 to May 13 1942
 that I last saw her alive on May 13 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Right heart failure
 Due to Empyema 10 days
 Due to Pneumonia

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Empyema on left
and shifting of mediastinum
 Of operations _____
 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 J. P. Wagner (M. D. or other) MD
 Address Rutledge Mo. Date signed 5/20/42

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

MOTHER FATHER

JUN 5 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.....

Jenneth Bailey

Licensed Embalmer No. *4148*

P. O. Address *Pittsboro, N.C.*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17253

Registration District No. 1

Primary Registration District No. 1

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Markeville
(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 _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Doris L Lawson

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 8

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

7. Birth date of deceased Aug 3 1923
(Month) (Day) (Year)

8. AGE: Years 11 Months 9 Days 10 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day _____ Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Pneumonia (?) Rind
Due to unknown. Child came into hospital with emphysema
Due to Family said she had had pneumonia
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
109!!

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 [Signature] (M. D. or other) _____
Address Markeville, Mo. Date signed 5/24/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

S-17253