

Registration District No. 117

Primary Registration District No. 5767

Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County Camden

(b) City or town Camdenton Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home at M + M Camp #
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden

(c) City or town Camdenton, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. M + M Camp - 8
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Arthur Serna Laswell

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

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased July 28 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 15 1942 to June 19 1942
that I last saw him alive on 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 10 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Farm

Immediate cause of death Interstitial nephritis Duration 1941

Due to _____

Due to 1310

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Henry Laswell

13. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Combs

15. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Jay Laswell
(b) Address Montreal, Mo

17. (a) Burial (b) Date thereof June 21 '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmer - Cem.

18. (a) Signature of funeral director Banksen Woolery
(b) Address Camdenton, Mo

19. (a) June 30 1942 (b) Ludena Hopkins
Date received local registrar (Registrar's signature)

Major findings: Of operations no operation

Of organs none

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 E E Oberholser (M. D. or other) Med.
Address Camdenton, Mo. Date signed 6-29-42

RECEIVED

District Health Officer No. 71

District File Number

7-42-775

Date Filed

7-13-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Prepared} embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Abbie Banks Wooler

Licensed Embalmer No.

2488

P. O. Address

Candenton, 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, fact should be so stated above.