. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942

Registration District No. 703

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4424

22040

State File No.

Registrar's No.

84 0 0

1. PLACE OF DEATH

(a) County: Polk

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

(c) Name of hospital or institution: Dimmitt Memorial hospital in Humansville (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)

In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Polk

(c) City or town: Cliquot - Rural - Cliquot Township (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME: Lois Jean 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: none

6. (c) Age of husband or wife if alive: none years

7. Birth date of deceased: April (Month) 15 (Day) 1937 (Year)

8. AGE: Years 5 Months 1 Days 16 If less than one day hr. min.

9. Birthplace: Cliquot (City, town, or county) Polk Co. Mo. (State or foreign country) 0

10. Usual occupation: none

11. Industry or business: none

FATHER
12. Name: C. A. Lawson
13. Birthplace: Lawrence Co. (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name: Bertha Arles
15. Birthplace: Polk (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant: Bertha Lawson
(b) Address: Cliquot Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 17, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Salem Cemetery

18. (a) Signature of funeral director: Hutchison & Co.
(b) Address: Balmar Mo.

19. (a) June 23-42 (Date received local registrar) (b) Ora M. Rich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1942 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from 6/10, 1942 to 6/11, 1942 that I last saw her alive on 6/11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Influenzal Meningitis — Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 33 b

Major findings:
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) 0

While at work? (e) Means of injury:

23. Signature: G. G. Robinson (M.D. or other)

Address: Humansville, Mo. Date signed: 6/23/42

1188 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-42-740
Date Filed 7-10-42

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 Orby Jester

Licensed Embalmer No. 4154

P. O. Address Bolivar 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.