

REC'D SEP 14 1942

Registration District No. 38

Primary Registration District No. 4091

Registrar's No. 14

1. PLACE OF DEATH:
 (a) County Carter
 (b) City or town Fremont Mo
 (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 10 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Carter 18
 (c) City or town Fremont Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 3 day 28
 year 1942 hour 4 minute 15 M.

4. Sex F 5. Color or race W
 6. (a) Name of husband or wife Jesse Lawson
 6. (b) Age of husband or wife if alive 70 years
 7. Birth date of deceased Oct 10 1850
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-14-1942 to 3-28-1942
 that I last saw him alive on 3-26-1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-Pneumonia Duration 3 days

8. AGE: Years 91 Months 5 Days 18
 If less than one day _____ hr. _____ min.

Due to Malnutrition

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

Due to Senility

10. Usual occupation retired

Other conditions (Include pregnancy within 3 months of death) 107

11. Industry or business _____
 MOTHER FATHER { 12. Name Billy Snider
 13. Birthplace Tennal
 (City, town, or county) (State or foreign country)
 14. Maiden name W. N. Nowen
 15. Birthplace 9
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature William P Alley
 (b) Address Fremont Mo
 17. (a) Burial (b) Date thereof 3-29-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Hope
 18. (a) Signature of funeral director Leuchel Samuel Service
 (b) Address Van Buren Mo
 19. (a) 3-29-1942 (b) mes B. Smith
 (Date received local registrar) (Registrar's signature)

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 W. H. Burton (M. D. or other) MD
 Address Van Buren, Mo Date signed 3-31-42

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

Rev. 5-17-39 I 119511

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.

71 - Chapter NO. 6.
District File Number 942-134
Date Filed 9-11-42

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 3-28-H

....., Registered Apprentice No.....
working under my personal supervision.

Signed Philip A Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.