

FILED AUG 27 1942

Registration District No. 176

Primary Registration District No. 5633-3635

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt Vernon
(c) Name of hospital or institution Mo State Sanitarium
(d) Length of stay: In hospital or institution 29 days
In this community 29 days

3. (a) PRINT FULL NAME Null Lawson

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, or separated Married
6. (c) Age of husband or wife if alive 51 years

6. (b) Name of husband or wife Mrs. Mild Lawson
7. Birth date of deceased March 20 1882

8. AGE: Years 64, Months 7, Days 17

9. Birthplace Johnson Virginia

10. Usual occupation Farmer

11. Industry or business

12. Name James Lawson

13. Birthplace Johnson Virginia

14. Maiden name Linda Moore

15. Birthplace Johnson Virginia

16. (a) Informant Mrs. Mild Lawson

(b) Address Mo State San Mt. Vernon MO

17. (a) Burial, cremation, or removal Removal
(b) Date thereof

(c) Place: burial or cremation Lynch

18. (a) Signature of funeral director T. B. Cheppin

(b) Address Ozark MO

19. (a) Date received local registrar 8/6/42
(b) Registrar's signature Mild Lawson

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
(c) City or town Spartan
(d) Street No.
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 6th, year 1942, hour 9:30, minute 2

21. I hereby certify that I attended the deceased from May 9 1942 to Aug 6 1942
that I last saw him alive on Aug 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis 8 months

Due to...
Due to... 13 ft

Other conditions...
Major findings: Of operations...
Of autopsy...
PHYSICIAN

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature M. D. Stashe M.D. (M. D. or other)
Address W. P. ... Date signed 8-6-42

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

MOTHER FATHER

5
0
with

1182

21
AUG 22 1952

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 T. B. Chebbin

Licensed Embalmer No. 2192

P. O. Address Oran, 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: