

Filed NOV 10 1942

Registration District No. **43**

Primary Registration District No. **4364**

Registrar's No. **44**

73  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Newton**  
(b) City or town **Stella Thom**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Cardwell Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Ten Hours**  
(Specify whether years, months or days)  
In this community **Fifty-eight years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**  
(c) City or town **Exeter**  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME **Anna M. 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 **Married**  
6. (b) Name of husband or wife **Neal Lawson** 6. (c) Age of husband or wife if alive **60** years  
7. Birth date of deceased **January 31 1884**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **58** Days **7** 25 hr. \_\_\_\_\_ min. If less than one day

9. Birthplace **Barry County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John Brattin**  
13. Birthplace **Barry County, Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Quincy Lamberson**  
15. Birthplace **Barry County, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Neal Lawson**  
(b) Address **Exeter, Missouri**

17. (a) **Burial** (b) Date thereof **9-29-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Maplewood Cemetery**

18. (a) Signature of funeral director **W. W. Keen**  
(b) Address **Cassville, Missouri**

19. (a) **10-7-42** (b) **Alpha R. Hale**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **26**  
year **1942** hour **3:** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Sept-20**  
1942 to **Sept-26**, 1942  
that I last saw him alive on **Sept-26**, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Perforative Ulcer**  
Due to **Perforative Ulcer**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **117a**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(a) Means of injury **3**  
23. Signature **W. W. Keen** (M. D. or other) **P.O.**  
Address **Cassville** Date signed **9/26/42**

Duration

Probably 24 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1142-1566

Date Filed NOV 9 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

*John E. Myers*

Licensed Embalmer No. 3220

P. O. Address Carroll, 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.**