S. No. 2
M—5-42
7. 5-17-39
I - X32873

FILED JAN 11 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Dr. Rigdon

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40663

State File No.

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 173

35
0
0

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

1. PLACE OF DEATH:

(a) County Dunklin

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 35

(a) State Mo. (b) County Dunklin 0

(c) City or town Kennett (Rural) 0
(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 0

3. (a) PRINT FULL NAME Delia 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 Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 10 (Day) 1862 (Year)

8. AGE: Years 80 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmwife

11. Industry or business

FATHER
12. Name Griffin (Last Name)
13. Birthplace (City, town, or county) Tenn. / (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Jim Lawson
(b) Address Kennett Mo. R# 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21-42 (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Cemetery

18. (a) Signature of funeral director Lentz Service
(b) Address Kennett Mo.

19. (a) 12/6/42 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th
year hour 11, Oclock minute a.M.

21. I hereby certify that I attended the deceased from Aug 1 1940, to Nov 20 1942
that I last saw her alive on Nov 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

15

Major findings:
Of operations

Of autopsy

Duration

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)
While at work? (e) Means of injury

23. Signature T J Rigdon (M.D. or other)
Address Kennett Mo Date signed 12/6/42

.901

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 143-10
Date Filed 1-4-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.