

V. S. No. 2  
M-11-10-39  
Rev. 5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 26 1943**

MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **2464**  
Registrar's No. **2**

Registration District No. **154**

Primary Registration District No. **5575**

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

48  
0  
0

**1. PLACE OF DEATH:**  
(a) County Jackson  
(b) City or town Martin City  
(c) Name of hospital or institution: Washington Temp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution —  
In this community 47 yrs.  
years, months or days (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson  
(c) City or town Martin City  
(If outside city or town limit: 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** Mary Jane Lawson  
**3. (b) If veteran,** name war — **3. (c) Social Security** No. —

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Jan. day 7<sup>th</sup>  
year 1943 hour 10 minute 9 A.M.  
**21. I hereby certify that I attended the deceased from** Jan 2, 1943, to Jan 7<sup>th</sup>, 1943.  
that I last saw — alive on Jan 7<sup>th</sup>, 1943.  
and that death occurred on the date and hour stated above.

**4. Sex** Female **5. Color or race** W  
**6. (a) Single, widowed, married,** 2 divorced  
**6. (b) Name of husband or wife** Robert L. Lawson **6. (c) Age of husband or wife if** 24 years  
**7. Birth date of deceased** Jan. 24, 1856  
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia  
Duration 9 days  
Due to 108  
Due to —

**8. AGE:** Years 86 Months 11 Days 13  
If less than one day hr. min.

**9. Birthplace** Grapson Co. Va. 1  
(City, town, or county) (State or foreign country)

**10. Usual occupation** at home

**11. Industry or business** "  
**MOTHER FATHER**  
**12. Name** George Garter  
**18. Birthplace** Va. 1  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Lena Canale  
**15. Birthplace** Va. 1  
(City, town, or county) (State or foreign country)

Other conditions Reptile ulcer  
(Include pregnancy within 4 months of death)  
B. F. Brannard  
**Major findings:**  
Of operations —  
Of autopsy —  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** Mrs. Chlora Perry  
**(b) Address** Martin City, Mo.

**17. (a)** Burial **(b) Date thereof** Jan 10, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Santa Fe, Mo.

**18. (a) Signature of funeral director** E. K. George & Sons  
**(b) Address** Camden, Mo.

**19. (a)** Jan 12 1943 **(b)** Dr. Anne C. Hedger  
(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 —  
**23. Signature** B. F. Brannard (M. D. or other)  
**Address** Martin City, Mo. **Date signed** 1-8-43

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**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..... *A. R. George* .....

Licensed Embalmer No. *3645* .....

P. O. Address *Grandview, N.J.* .....

**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.**