

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

FILED JAN 18 1943

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 134

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

73
203

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho
(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..... (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Neosho
(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 Blanch LAWSON

3. (b) If veteran, name war NO 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 Jack LAWSON 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 17 1918
(Month) (Day) (Year)

8. AGE: Years 24 Months 8 Days 22 If less than one day
..... hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Clinton Culp

13. Birthplace No. CAROLINA
(City, town, or county) (State or foreign country)

14. Maiden name Louvenna Wall

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Lawson

(b) Address Neosho Mo

17. (a) Burial (b) Date thereof Dec 1 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gibson

18. (a) Signature of funeral director [Signature]

(b) Address Neosho Mo

19. (a) 12-12-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1942 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov. 29, 1942
....., 19....., to Nov 29....., 19.....
that I last saw her alive on Nov 29....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown -
Probably Pulmonary embolism
Patient Unconscious when
Due to Seen - Had been
convinced minutes before he
Due to trouble

Duration

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

Major findings:
Of operations..... 111a

Of autopsy.....

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?
.....

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature R. Lawson (M. D. or other) D

Address Neosho Mo Date signed 12-5-42

Date Received **JAN 11 1943**
File No. 1242-10

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..... *Ogle Stone Jr.*.....
Licensed Embalmer No. *4176*.....
P. O. Address *Neosho 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.