

S. No. 2
M-5-42
5-17-39
PI X32873

6794

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 15 1943
Registration District No. 468 175

Primary Registration District No. 5629 5646

Registrar's No. 19

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Rural (Buckprarie Twship
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Aurora Mo R.F.D. # 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 5 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lawrence
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. # 2 Aurora Mo. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME Mildred Viola 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, Single

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

7. Birth date of deceased Dec. 21 1937
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>5</u>	<u>1</u>	<u>17</u>	hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Dawson Lawson

13. Birthplace Lawrence County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Watkins

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

16. (a) Informant Dawson Lawson

(b) Address R.F.D. # 2 Aurora Mo.

17. (a) Burial (b) Date thereof 2/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director A. F. King
(b) Address Aurora Mo.

19. (a) Feb. 8 1943 (b) Emmale Green
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7
year 1948 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Feb 3 1943, to Feb 7 1943
that I last saw her alive on Feb 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diphtheria
Laryngeal Duration 3 days

Due to.....

Due to..... 10

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

Major findings:
Of operations.....

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 Will Smith (M. D.)
Address Aurora Mo. 121 N. Stuart Date signed 2/8/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 343-407

Date Filed MAH 12 1943

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

Herman Swridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.