

FILED JUL 12 1943
Registration District No. **289**

Primary Registration District No. **3043**

Registrar's No. **150**

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

1. PLACE OF DEATH:

(a) County **Marion**
(b) City or town **Hannibal**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**
(c) City or town **Hannibal**
(If outside city or town limits, write "RURAL")
(d) Street No. **215 Division**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Ova A. Lawson**

3. (b) If veteran, name war. 3. (c) Social Security No. **290-07-4086**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Elizabeth B. Lawson** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **August 22, 1883**
(Month) (Day) (Year)

8. AGE: Years **59** Months **9** Days **5** If less than one day hr. min.

9. Birthplace **West Ely Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Coal & Sand Company**

11. Industry or business

12. Name **Isaac Newton Lawson**
13. Birthplace **Danville Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Ida May Hammond**
15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. O. A. Lawson**
(b) Address **215 Division Hannibal**

17. (a) **Burial** (b) Date thereof **5/29/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Olivet**

18. (a) Signature of funeral director **Wm. M. Smith**
(b) Address **902 Broadway Hannibal**

19. (a) **5-28-43** (b) **R. W. Connor**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **27** year **1943** hour **11** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **May 26** to **May 27**, 19**43** that I last saw him alive on **May 27** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**
Due to **Arteriosclerosis of coronary arteries**
Due to **Diabetic Nephritis**

Other conditions (Include pregnancy within 3 months of death)

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) (e) Means of injury

23. Signature **W. B. Storton** (M.D. or other) **Hannibal Mo**
Address **Hannibal Mo** Date signed **5/28/43**

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Physician
Underline the cause to which death should be charged statistically.

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.....
George T. Bond....., Registered Apprentice No. 350.....
working under my personal supervision.

Signed.....*Wm M. Smith*.....

Licensed Embalmer No. 1204.....

P. O. Address..... Hannibal Missouri.....

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.