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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 507Registration District No. 156Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Freeman Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____
In this community All his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ray Lawson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Sept 3 1943
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days _____ If less than one day 4 hr. 30 min.9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Sherman Lawson
13. Birthplace Richland Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Maxine Portiner
15. Birthplace Gothenbourg Neb. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Sherman Lawson(b) Address 41st. & Conn.17. (a) Burial (b) Date thereof 9/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Jackson Cemetery18. (a) Signature of funeral director Parker-Hunsaker(b) Address Joplin Missouri19. (a) 9-6-43 (b) Arthur S. Suckow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 073
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 41st & Connecticut
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1943 hour 1 minute 15 P.M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death _____
Premature

Due to _____

Due to _____

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)
(c) Means of injury _____23. Signature F. Ernest Johnson (M. D. or other) _____Address Joplin Mo. Date signed 9-6-43

13004

(Licensed Embalmer's Statement on Reverse Side)

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

439-784

retained

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.