

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED DEC 11 1948
Registration District No. 1948

Primary Registration District No. 3006

Registrar's No. 280

024

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia, mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
In this community Columbia mo always (Specify whether years, months or days)

3. (a) PRINT FULL NAME Katy Lawson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 3. (a) Single, widowed, married, divorced 2
5. Color or race negro

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

7. Birth date of deceased 11-18-54
(Month) (Day) (Year)

8. AGE: Years 89 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Hallaway Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Evelyn Sheets

13. Birthplace do not know
(City, town, or county) (State or foreign country)

14. Maiden name do not know

15. Birthplace do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Basker

(b) Address 561 Harrison R.C. mo.

17. (a) Burial, cremation, or removal Columbia mo Cem. (b) Date thereof 11-18-43
(Month) (Day) (Year)

(c) Place: burial or cremation Columbia mo Cem.

18. (a) Signature of funeral director H. C. Freeman

(b) Address 608 Park Ave Columbia mo

19. (a) 11-19-43 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Boone 10
(c) City or town Columbia 4
(If outside city or town limits, write "RURAL")
(d) Street No. 107 W. Ash St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17 day Nov
year 1943 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 1
1944 to Nov 16 1943
that I last saw him alive on Nov 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture femur
Duration _____

Due to _____

Due to _____

Other conditions none 109
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____

Of autopsy none

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 A. W. Kampolmet (M. D. another)
Address Columbia Mo Date signed 11-19-43

Handwritten notes at the top of the page, including "2000" and "STATEMENT BY LICENSED EMBALMER".

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 me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address 608 Park Ave. Columbia

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.