DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1944

Registration District No. 373

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22784

Primary Registration District No. 6280

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Hartville Rural Hart Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At the home of his Daughter Mrs. Wilma Morrison 4 miles easton Hartville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 65 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright 114

(c) City or town Hartville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 4 miles east of Hartville
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Born in U.S.A. years

3. (a) PRINT FULL NAME NOAH LAWSON

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Lawson

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 1 (Month) 19 (Day) 1879 (Year)

8. AGE: Years 65 Months 5 Days If less than one day hr. min.

9. Birthplace Wright Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Bud Lawson
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Riley Lawson
(b) Address Hartville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 20 (Day) 44 (Year)
(c) Place: burial or cremation Friendship Cem

18. (a) Signature of funeral director Gene E. Holden
(b) Address Hartville Mo

19. (a) 6-23-44 (Date received local registrar) (b) W. T. Wynn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19 year 1944 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from June 17, 1944 to June 19, 1944; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prostatitis	July 1944
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

137a

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

23. Signature J. R. Mott (M. D. ~~coroner~~)
Address Hartville Mo Date signed 6/23/44

333

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 6,
District File Number 744-760
Date Filed JUL 11 1944

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 Gene E Holdren

Licensed Embalmer No. 3865

P. O. Address Harville

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.