

FILED DEC 7 1944

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2349

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35
(c) City or town Holcomb 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fannie D. Lawson
(b) If veteran, name war Nil
(c) Social Security No. Nil

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 16
year 1944 hour 1:00 minute P.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Lawson 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May 3 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-15, 1944 to 11-16, 1944; that I last saw her alive on 11-16, 1944; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>8</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Pulmonary Infarct 1 day
Duration

9. Birthplace Sparta Tennessee
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Due to _____
Due to _____

11. Industry or business _____
12. Name John G. Cashdollar
13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Lillie Felton
15. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

Other conditions Retrospectively Admitted ?
(Include pregnancy within 3 months of death)

16. (a) Informant William Lawson
(b) Address Holcomb, Missouri
17. (a) Removal (b) Date thereof 11-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) NOV 18 1944 (b) E. J. McLawrence
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy Pulmonary Tumor, Pulmonary Infarct, Metastatic Carcinoma

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)
(or) Means of injury _____
Signature: Robert E. Britz (M. D. or other) MD
Address: 634 No. Second Date signed 11/17/44

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

96
3

MOTHER FATHER

APR 28 1947

[Handwritten mark]

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 *Albert Hopper*
Licensed Embalmer No. *861*
P. O. Address.....

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.