

FILED JUN 13 1945
Registration District No. _____

Primary Registration District No. 599

Registrar's No. 28

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Rural Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution Life (Specify whether _____)
In this community _____
years, months or days

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

3. (a) PRINT FULL NAME Ira Edgar Lawson
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7th
year 1945 hour 3 minute 8 M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years
7. Birth date of deceased: 10 26 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from several yrs to May 6, 1945
that I last saw him alive on May 6, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Ch. Cardio Renal Dis Duration 9

8. AGE: Years 59 Months 6 Days 11
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 1st
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Joel Lawson
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah E. Ridgeway
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Gausson
(b) Address Unionville Mo
17. (a) burial (b) Date thereof May 8 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hartford

22. If death was due to external causes, fill in the following:
(c) 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? _____

18. (a) Signature of funeral director Husted & Son
(b) Address Unionville
19. (a) May 10 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____ (c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Unionville Mo Date signed 5/7/45

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

6
0
0

Mace

RECEIVED
District Health Officer No. 10
District File Number 6-45-941
Date Filed JUN 12 1945

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. O. Husted*
Licensed Embalmer No. 2975
P. O. Address *Unionville 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.