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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

27831

State File No.

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 104

**1. PLACE OF DEATH:**

(a) County Livingston

(b) City or town Chillicothe
(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 (Specify whether years, months or days)

In this community 20 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Livingston 59

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

(d) Street No. 0
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Lester Lawson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 1 (Day) 1899 (Year)

8. AGE: Years 46 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Joseph Lawson

13. Birthplace Don't Know (City, town, or county) 4 (State or foreign country)

14. Maiden name Nurgget L. Combs

15. Birthplace Ky (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs W. R. Lovett

(b) Address 1720 Fannie Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-45 (Month) (Day) (Year)

(c) Place: burial Miller Chapel

18. (a) Signature of funeral director E Buckett 3227

(b) Address Chillicothe Mo.

19. (a) Aug 5 (Date received by local registrar) (b) Lou Ella Curry (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day Third year 1945 hour 9 30 minute P M.

21. I hereby certify that I ~~attended the~~ saw the deceased from on Aug 4, 1945, to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemmorage — Duration

Due to Crushed left side

Due to Struck by train

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 8
Of autopsy 30

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) Accident 59

(b) Date of occurrence Aug 3, 1945

(c) Where did injury occur? Livingston Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Railroad Track (Specify type of place)

While at work? No (e) Means of injury 3

23. Signature L. Mel Livingston County Coroner (M. D. or other)

Address Chillicothe Mo Date signed Aug 9 1945

4 5 8

(Licensed Embalmer's Statement on Reverse Side)

MAY 14 1958

## 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 Was Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed E Beckett

Licensed Embalmer No. 3227

P. O. Address Chillicothe M

**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.**