

FILED DEC 3 1945

Registration District No. 206

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North Main St Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Jasper
(If outside city or town limits, write "RURAL")
(d) Street No. 20th & Duquesne
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Riley Rawson

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased Feb 28 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Stock Buyer

11. Usual or business name John Rawson

12. Birthplace Rea Ridge Ark
(City, town, or county) (State or foreign country)

13. Maiden name Maney Ferguson

14. Birthplace Cyclone Mo
(City, town, or county) (State or foreign country)

15. Informant Gene Rawson

16. Address Centerville, Mo.

(a) Interment (b) Date thereof 11-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheaton Mo

18. (a) Signature of funeral director Charles Hillon

(b) Address 305 W 4th St

19. (a) 11-8-45 (b) Ed D. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6th
year 1945 hour 9 minute 55 a M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him did not attend alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death: Fractured Skull
Internal Bleeding

Due to One side of head was
torn away.

Other conditions: 17th Nov 45
(Include pregnancy within 3 months of death)

Major findings: of operations
of autopsy

Duration

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 17

(b) Date of occurrence 11/6/45

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

(d) Did injury occur in or about home, on farm, or industrial place, in public place?
Public Place (Specify type of place) Two trucks

While at work yes (a) Means of injury Ran together

23. Signature Ed D. Jones (M. D. or other) MD
Address 514 Jasper Date signed 11/6/45

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

See notes on 11-19-45

144

45-11-888

MAR 22 1946

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

H. Lynn White

Licensed Embalmer No.

4240

P. O. Address

Joplin, 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.

L. F. SAPPINGTON & SONS

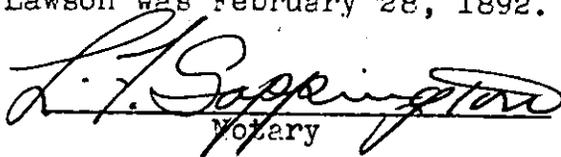
Telephone 15

STELLA. MISSOURI

February 27, 1946

To Whom This May Concerns:

I the undersigned have examined the records of the family Bible of Nancy Lawson the Mother of John Riley Lawson and find that the date of birth of John Riley Lawson was February 28, 1892.


Notary

My commision Expires August 8, 1949.

STUDY OF THE CIRCLES . . .

of the

of the

37587