

FILED FEB 19 1946

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo.
(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 1 day (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller
(c) City or town Libria
(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 Virginia Ruth Lawson

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased March 26 41
(Month) (Day) (Year)

8. AGE: Years 3 Months 9 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Clarence Lawson
13. Birthplace Monroe Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Myrtle Branson
15. Birthplace Pavia Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clarence Lawson
(b) Address Libria, Mo.

17. (a) Burial (b) Date thereof 1-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dignon, Mo. R3

18. (a) Signature of funeral director Thomas L. Adams
(b) Address Libria, Mo.

19. (a) 2-9-46 (b) R.P. Norris Mo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9th
year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 8 1946 to Feb 9 1946
that I last saw her alive on Feb 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Diphtheria
Laryngeal
Due to Laryngeal
Due to Laryngeal

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Tracheotomy
Of operations _____
Of autopsy 10

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) (e) Means of injury _____

23. Signature J. H. Osborn M.D. (M. D. or other)
Address Jefferson City, Mo. Date signed 2-9-46

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

21
5
4

Duration

1 wk

PHYSICIAN

Underline the cause to which death should be charged statistically.

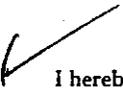
RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-18-46

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

Loran L Adams

Licensed Embalmer No. 4207

P. O. Address Iberia, 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.