No. 2
-8-43
-17-39
FILED MAR 15 1946

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6403

Registration District No. 189 — Primary Registration District No. 5702 — Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Rural-Mooresville Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mile West Mooresville, Mo. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 85 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile west Mooresville 0
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Charles Jackson Lawson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased December (Month) 18 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	2	4	____ hr. ____ min.

9. Birthplace Mooresville (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farming
11. Industry or business ____

FATHER
12. Name Ami Lawson
13. Birthplace Howard County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Margaret Ann Clark
15. Birthplace Corlyle County (City, town, or county) Kent / (State or foreign country)

16. (a) Informant Mrs. Phillip Bohn
(b) Address R.R., Mooresville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mooresville, Mo.
18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Mo.
19. (a) Feb. 23 '46 (Date received local registrar) (b) Kathleen Rotts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21st
year 1946 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from Feb 13, 1946 to Feb 21, 1946
that I last saw him alive on Feb 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration — Duration 15 yrs
Due to Senility
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____

93d

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) ____
(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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature G W Carpenter (M. D. or other) 0
Address Chillicothe Mo Date signed 2/22/46

173 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Elton F. Norman, Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.