

S. No. 2
M-9-4-41
Rev. 5-17-39
X2948

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED JUN 7 1946 MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16216**

Registration District No. **107** Primary Registration District No. **3019** Registrar's No. **129**

1. PLACE OF DEATH:
(a) County **Dunklin**
(b) City or town **Kennett, Mo**
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **15 months** (Specify whether years, months or days)
In this community **15 months**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Dunklin**
(c) City or town **Kennett**
(d) Street No. **712 Street**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Sarah A. Lawson**
3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **5** day **29** year **1946** hour **12** minute **A**. M.
21. I hereby certify that I attended the deceased from **March** 1946, to **May** 1946, that I last saw him alive on **May 26** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **J. N. Lawson** 6. (c) Age of husband or wife if alive **17** years
7. Birth date of deceased **3-17-1861**

Immediate cause of death **Apoplexy**
Duration _____

8. AGE: Years **85** Months **1** Days **12** If less than one day hr. min.

Due to _____
Due to _____

9. Birthplace: **Hines, Ala**

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

10. Usual occupation: **Housewife**

Major findings: Of operations _____ Of autopsy **130**

MOTHER FATHER
11. Industry or business: _____
12. Name: **Henry Robertson**
13. Birthplace: **Hines, Ala**
14. Maiden name: **Don't know**
15. Birthplace: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant: **Dora James**
(b) Address: **Kennett, Mo**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof: **5-30-46**
(c) Place: burial or cremation: **Kennett, Mo**

While at work? _____ (Specify type of place) (e) Means of injury: **0**

18. (a) Signature of funeral director: **W. H. Irby**
(b) Address: **Rectors Ark**
19. (a) 5-29-1946 (b) **Carl Hubbard**

23. Signature: **D. Dampney** (M. D. or other) _____
Address: **Kennett, Mo** Date signed: **29-46**

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

RECEIVED

District Health Office No. 2,

District File Number 646-691

Date Filed 6-5-46

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

John R. Casner

Licensed Embalmer No.

2912

P. O. Address

Pector, Ark

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.