

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED** MAY 15 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 3036

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora & Myrtle Aurora  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 148 West Myrtle  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 26 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence<sup>55</sup>

(c) City or town Aurora Mo<sup>1</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 148 West Myrtle<sup>1</sup>  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George S. Lawson

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex M (1) 5. Color or race W

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

6. (b) Name of husband or wife Laura A. Lawson

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb 2  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 2 17 hr. ✓ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Samuel Lawson

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

14. Maiden name Sarah James

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

16. (a) Informant Elmer Lawson

(b) Address Aurora Mo

17. (a) Burial (b) Date thereof April 22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Osman Marsh

(b) Address Aurora Mo

19. (a) May 1-46 (b) Osman Marsh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
year 1946 hour 9 minute 45 PM

21. I hereby certify that I attended the deceased from Jan 1, 1946  
to April 9, 1946  
that I last saw him live on April 10, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Brain

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) (e) Means of injury 0

23. Signature W. H. Herron (M. D. or other) \_\_\_\_\_  
Address Aurora Mo Date signed April 20 46

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

RECEIVED

District Health Officer No. 6,

District File Number 546-528

Date Filed MAY 14 1946

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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.....

Myself....., Registered Apprentice No.           
working under my personal supervision.

Signed Robert L. Marsh

Licensed Embalmer No. 3812

P. O. Address         

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.