S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 16 1946

State File No. 17528

Registration District No. 25 Primary Registration District No. 3048 Registrar's No. 63

1. PLACE OF DEATH: Nodaway
(a) County
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Martin Landrather hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether
In this community 4 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Ravenwood -rural- O
(If outside city or town limits, write "RURAL")
(d) Street No. 3/4 mile south O
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME Sarah Elizabeth Lawson
3. (b) If veteran, name war ---
3. (c) Social Security No. none
4. Sex female /
5. Color or race white
6. (a) Single, widowed, married, divorced married /
6. (b) Name of husband or wife Emmett Dudley Lawson.
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Nov. 15, 1866 (Month) (Day) (Year)
8. AGE: Years 79 Months 5 Days 1 If less than one day hr. min.
9. Birthplace Bryantsville, Ky. / (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Lucas Montgomery
13. Birthplace Mercer Co. Ky. / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucy Childers
15. Birthplace Bryantsville, Ky. / (City, town, or county) (State or foreign country)
16. (a) Informant Emmett Dudley Lawson
(b) Address Ravenwood Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4- 19-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn Cemetery
18. (a) Signature of funeral director Price Funeral home
(b) Address Maryville Mo
19. (a) April 18 1946 (Date received local registrar) (b) Bess Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1946 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from MAR. 17, 1946, to APR. 16, 1946; that I last saw her alive on APR. 16, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	2 yrs.
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93¢

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 W. L. Landfarter (M. D. or other) DO.
Address Maryville Mo Date signed 4-18-46

229 (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W. L. Gee

Licensed Embalmer No. 2539

P. O. Address Maryville 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.