S. No. 2
M—8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22535

Registration District No. 379 Primary Registration District No. 4541 Registrar's No. 9

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Fordland Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Callie Lone Vona Lawson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race Whr
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 16 1880 (Month) (Day) (Year)
8. AGE: Years 65 Months 4 Days 25 If less than one day hr. min.
9. Birthplace Webster Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
MOTHER FATHER
12. Name Beverly E. Burns
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Martha Mae Donald
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Ada Lawson-Burr
(b) Address Fordland, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Fordland Cem
18. (a) Signature of funeral director Kelley Fenner Benjman
(b) Address Fordland Mo
19. (a) June-8-46 (Date received local registrar) (b) Lester M. Good (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1946 hour 4 minute 30 a.m.
21. I hereby certify that I attended the deceased from April Tenth 1945 to May 11 1946 that I last saw her alive on May 11 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute Myocardial Failure
Due to Chronic Myocarditis
Due to Arteriosclerosis
Other conditions None.
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No autopsy

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 A. R. Schultz (M. D. or other) DO
Address Fordland, Mo Date signed 5/18/46

342 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 746-706
Date Filed JUL 3 - 1946

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 K K Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.