

S. No. 2
M-5-43
V. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27775

Registration District No. 208 Primary Registration District No. 57644561 Registrar's No. 34

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Monroe City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
700 N. Main St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 42 yrs. _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Monroe City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 700 North Main St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Charles Alvin Lawson
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 18th
year 1946 hour 10 minute 05 P.M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife EVA Foreman Lawson 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Sept 18th 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-25, 1946, to 8-18, 1946
that I last saw him alive on 8-18, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 11 Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of stomach Duration 8 mo.

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

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____
12. Name GSSAC R. Lawson
13. Birthplace Danville Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Christina Temple
15. Birthplace Warrville Indiana
(City, town, or county) (State or foreign country)

Major findings: Of operations 46K
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Greta M. Lawson
(b) Address Monroe City Mo.
17. (a) Burial (b) Date thereof Aug. 21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation St. Charles Cemetery
18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City Mo.
19. (a) 8-21-1946 (b) Louis Boone
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury 2
23. Signature F. N. Jimmone (M. D. or other) D.O.
Address Monroe City, Mo. Date signed 8-21-46

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

Signed Lester L. Wilson
Licensed Embalmer No. 3014
P. O. Address Memphis City, 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.