V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32795

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1213

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 210 W. Kansas Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 210 W. Kansas Ave. 7
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Eliza Jane Lawhon

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife John Lawhon

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

7. Birth date of deceased May 31, 1866 (Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Independance, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Howsewife

11. Industry or business Own home

FATHER
12. Name John Kejin
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Blanche Snyder

(b) Address 210 W. Kansas Ave. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Elsie Mortuary

(b) Address 5025 King Hill Ave. St. Joseph, Mo.

19. (a) Oct. 29, 1946 (Date received local registrar) (b) H. J. Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-15, 1946, to 10-15, 1946;
that I last saw her alive on 10-15, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	12 years
Due to Chronic myocarditis and endocarditis	5-6 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92E
Of 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) 21

While at work (e) Means of injury

23. Signature C. J. Gross (M. D. or other) DO

Address 5008 King Hill St. Joseph, 45, Mo. Date signed 10-15-46

3 K

(Licensed Embalmer's Statement on Reverse Side)

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. Earl A. Clark,

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.