

FILED NOV 29 1946

Registration District No. 198

Primary Registration District No. 3636

Registrar's No.

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

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town WASHINGTON TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PROVE SPRINGS MO 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 45 YRS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County LACLEDE 52
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. CR. ROVE SPRS. MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES LAWSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife SYNTHA LOWERY
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAR 3 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name NOT KNOWN
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name NOT KNOWN
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant JAS. J. Lawson
(b) Address PROVE SPRS MO
17. (a) BURIAL (b) Date thereof 11-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CUBA CEM.

18. (a) Signature of funeral director PALMER S
(b) Address LEBANON MO
19. (a) Nov 20 1946 (b) Oris Frankenberg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 6
year 1946 hour 11 minute 30P M.

21. I hereby certify that I attended the deceased from 9-30 1946, to 11-6 1946
that I last saw him alive on 10-30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoralis
Due to Hypertension
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 94B
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?
While at work? _____ (Specify type of place) (e) Means of injury U

23. Signature J. D. Lindsey (M. D. or other) M.D.
Address Canaway Mo signed 11-9-46

Received 11/27/46

Laclede County Health Unit

File No. 11-46-163

Date Filed 11/27/46

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.....

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

Not Embalmed

Signed.....

Licensed Embalmer No.....

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.