

S. No. 2
-12-45
5-17-39
P 1 X47070

FILED APR 1 1947

Registration District No. 125 Primary Registration District No. 3127 Registrar's No. 34

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town North City

(c) Name of hospital or institution: James R. Lawson Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 6 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town North City
(If outside city or town limits, write "RURAL")

(d) Street No. 215 N. North
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James R. Lawson

(b) If veteran, name war 1

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 14
year 1947 hour 1:30 minute _____ M.

21. I hereby certify that I attended the deceased from 3-10-1947 to 3-14-1947
that I last saw him alive on 3-14-1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carrie L. Lawson 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 24 1861
(Month) (Day) (Year)

Immediate cause of death _____

Due to Myocardial Infarction

Due to Hypertension of Aorta

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

8. AGE: Years Months Days If less than one day

85 11 18 hr. min.

9. Birthplace Fayetteville - Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Contractor

11. Industry or business _____

12. Name Carlton Lawson

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Jane Lutz

15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie L. Lawson

(b) Address North City, Mo.

17. (a) Buried (b) Date thereof March 16 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CARTERVILLE CEMETARY

18. (a) Signature of funeral director North City Mort Co

(b) Address North City, Mo.

19. (a) MCH 15; 47 (b) J. P. Gutierrez
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

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? 2

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature W. W. Gregory (M. D. or other) MD

Address W. W. Gregory Date signed 3-14-47

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

49
6
2
0

137A

137

47-3-223

MAY 19 1947

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 *Clayton M. Johnston*

Licensed Embalmer No. *4304*

P. O. Address: *Webb 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.