

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13859

State File No. _____

FILED MAY 5 1947

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Freeman Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 days
(Specify whether in this community Entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Neosho, Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. (Spurgeon) 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME John Edwin Lawson

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

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced. M.

6. (b) Name of husband or wife Ione 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 15, 1904
(Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 28 hr. _____ min. _____
If less than one day

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

10. Usual occupation Foreman

11. Industry or business Scott Mining Company

12. Name George Lawson

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

14. Maiden name Grate Nixon

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

16. (a) Informant Ione Lawson

(b) Address Neosho, Mo., R#(Spurgeon)

17. (a) Burial (b) Date thereof 4-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 4-17-47 (b) Charles Lampkins
(Date received local registrar) (Registrar's signature) 138

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1947 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from January 11, 1947 to April 12 1947
that I last saw him alive on April 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death trauma Duration 3 mos.

Due to acute glomerulo nephritis 6 mos.

Due to tooth infected teeth

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

Major findings: _____
Of operations _____
Of autopsy _____

130

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: W. L. Lewis (M. D. or other) _____

Address: Friend City, Joplin Mo Date signed 14 April 47

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

MOTHER FATHER

47-3-323

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.