

FILED JUL 2 1947

Registration District No. _____

Primary Registration District No. **5080**

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

1. PLACE OF DEATH:

(a) County **Bates**

(b) City or town **Archie Deers Creek Rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **/**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community **all his life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Bates**

(c) City or town **Archie Deers Creek Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME **Alonge L. Mawson**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12th**
year **1947** hour **12** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **15th June 1947**
to **12th June 1947**
that I last saw him alive on **April 10 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Arteriosclerosis
Chronic Myocarditis

Duration _____

4. Sex **M** 5. Color or race **W**

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

6. (b) Name of husband or wife **Mary L. Mawson** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **July 20 1899**
(Month) (Day) (Year)

8. AGE: Years **67** Months **10** Days **22** If less than one day hr. _____ min. _____

9. Birthplace **Near Archie MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Partner Farmer Elevator**

MOTHER FATHER

12. Name **William Mawson**

13. Birthplace **Jacksonville Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary O. Tillyson**

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

16. (a) Informant **Mary L. Mawson**

(b) Address **Archie MO**

17. (a) **Burial** (b) Date thereof **6-14-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crescent Hill**

18. (a) Signature of funeral director **Atkinson Bros**

(b) Address **Archie MO.**

19. (a) **June 24 1947** (b) **Mary Owens**
(Date received local registrar) (Registrar's signature)

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

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **James A. York Jr** (M. D. certifying)
Address **Bates, MO** Date signed **6/14/47**

RECEIVED
District Health Officer No. 7
District File Number 5-47-727
Date Filed 6-30-47

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 Alfred J. Johnson
Licensed Embalmer No. 3970
P. O. Address Harrisville

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.