

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20588

State File No. _____

FILED JUN 24 1947
2000/28

Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 508

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Henry Lawson

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

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased Nov. 8 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Greene Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Alexander A. Lawson

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

14. Maiden name Catherine Dodd

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

16. (a) Informant Jessie Lawson

(b) Address Dayton, Ohio.

17. (a) Burial (b) Date thereof 6-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director J. F. King

(b) Address Aurora, Mo.

19. (a) 6-18-47 (b) W. H. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14th
year 1947 hour 9 minutes 30 A. M.

21. I hereby certify that I attended the deceased from June 13, 1947, to June 14, 1947;
that I last saw him alive on June 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage of chest cavity -

Due to fall -

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) fall down steps 133

(b) Date of occurrence 6-12-47

(c) Where did injury occur? 2306 Palmetto Springfield MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home of friend

While at work? no (Specify type of place) (e) Means of injury Fall

23. Signature W. H. Handley M.D. (M. D. or other) 0

Address 221 1/2 E. Commercial Date signed 6-14-47

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

MOTHER FATHER

9
2
6

106A
10-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

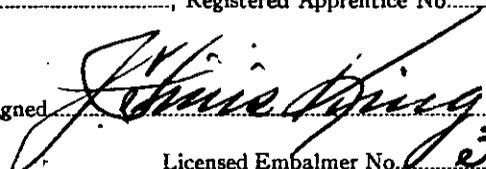
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Joe H. King

, Registered Apprentice No. 509

working under my personal supervision.

Signed



Licensed Embalmer No. 3529

P. O. Address Aurora, 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.