

FILED JUN 30 1947

Registration District No. **290**

Primary Registration District No. **4427**

Registrar's No. **71**

1. PLACE OF DEATH:

(a) County **Polaski**
(b) City or town **Waynesville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Dewitt Hosp**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Polk**
(c) City or town **Newburg Mo** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Susie Stawson

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

4. **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **0**

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

7. Birth date of deceased **June - 23 - 47**
(Month) (Day) (Year)

8. AGE: Years _____ Months **2** Days **18** hr. **40** min.

9. Birthplace **Waynesville Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name **Lenny Stawson**

13. Birthplace **Miles Co Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Pearl Cooper**

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

16. (a) Informant **Anna Pearl Stawson**

(b) Address **Newburg Mo**

17. (a) **Interment** (b) Date thereof **June 26 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Newburg Mo**

18. (a) Signature of funeral director **Lee Johnson**

(b) Address **Newburg Mo**

19. (a) **6/25/47** (b) **Wm C. Buchter**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **25**
year **47** hour **1:55** minute **P** M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw her alive on **June 25** and that death occurred on the date and hour stated above.

Immediate cause of death **Purpura of Birth due to toxemia of mother.**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **159**

Duration

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) (2) Means of injury _____

23. Signature **R. D. Dewitt** (M. D. or other) _____

Address **Waynesville Mo** Date signed **6-25-47**

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

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 *P. Johnson*.....

Licensed Embalmer No. *3393*.....

P. O. Address *Newburg 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.