

No. 2  
12-45  
17-39  
X47070

State File No. 30311  
Registrar's No. 18

FILED OCT 7 1947  
Registration District No. 20

Primary Registration District No. 5080

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

1. PLACE OF DEATH:  
(a) County: Waters  
(b) City or town: P.O. Archie Deer Creek  
(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: 66 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: MO (b) County: Balco 7  
(c) City or town: P.O. Archie Deer Creek  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country:

3. (a) PRINT FULL NAME: Calvin Lawson  
3. (b) If veteran, name war: no 3. (c) Social Security No.: no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month: Sept day: 26<sup>th</sup>  
year: 1947 hour: Phos minute: 30 A.M.  
21. I hereby certify that I attended the deceased from Sept. 8  
1947 to Sept. 8, 1947  
that I last saw him alive on Sept. 8, 1947  
and that death occurred on the date and hour stated above.

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: married  
6. (b) Name of husband or wife: wife Sylvia Mae Lawson 6. (c) Age of husband or wife if alive: 65 years  
7. Birth date of deceased: 2-9-1872  
(Month) (Day) (Year)

Immediate cause of death: Coronary  
Due to: Sclerosis of Coronary blood vessels  
Due to:  
Other conditions (include pregnancy within 3 months of death):  
Major findings:  
Of operations:  
Of autopsy: 94A

8. AGE: Years: 75 Months: 7 Days: 17 If less than one day hr. min.  
9. Birthplace: Morgan Co Fairburnville Ill.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

10. Usual occupation: farmer  
11. Industry or business:  
12. Name: Samuel Lawson Sr.  
13. Birthplace: not known  
(City, town, or county) (State or foreign country)  
14. Maiden name: Martha Landert  
15. Birthplace: not known  
(City, town, or county) (State or foreign country)

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: E. E. Robinson (M. D. or other)  
Address: Adrian, Mo. Date signed: 10-1-47

16. (a) Informant: Mrs. Calvin Lawson  
(b) Address: Archie Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-28-47  
(Month) (Day) (Year)  
(c) Place: burial or cremation: Resurrection Hill Cemetery  
18. (a) Signature of funeral director: Atkinson Bros  
(b) Address: Archie Mo.  
19. (a) 10-1-47 (Date received local registrar) (b) Myra Overea (Registrar's signature)

RECEIVED  
District Health Officer No. 7  
District File Number 9-47-1159  
Date Filed 10-6-47

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, \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Floyd Atkinson  
Licensed Embalmer No. 3920  
P. O. Address Karnsowville

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.