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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 22 1947
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30438
Primary Registration District No. 1000
Registrar's No. 1100

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #2 DeKalb, Mo. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Lawson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rena D. Lawson
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased September (Month) 14 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
72	11	24	hr. min.

9. Birthplace Iatan (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Napoleon Lawson
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Louise Page
15. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Rena D. Lawson
(b) Address R.F.D. #2 DeKalb, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sugar Creek Cem.
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.
19. (a) 9-13-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8th year 1947 hour 10 minute 20 P.M.
21. I hereby certify that I attended the deceased from 9-4-47, 19 to 9-8-47, 19; that I last saw him alive on 9-8-47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ruptured gangrenous appendix	5 days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Benjamin M. Reles D. or other DO
Address 6207 King Hill Ave. Date signed 9-9-47
St. Joseph, Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Elbert E. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, 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.

Dr. B. Riles