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M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37753**
Registrar's No. **918**

FILED NOV 20 1947
128

Registration District No. _____ Primary Registration District No. **2000**

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

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2110 N. National Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **37 Years** (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")

(d) Street No. **2110 N. National Ave.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Sarah Ella Lawson**

3. (b) If veteran, name war. **none**

3. (c) Social Security No. **NONE**

4. Sex **Female** **5. Color or race** **White**

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

6. (b) Name of husband or wife **Ancil M. Lawson**

6. (c) Age of husband or wife if alive **deceased** years _____

7. Birth date of deceased **June 29, 1878**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	3	26	hr. _____ min. _____

9. Birthplace **Floyd, Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business _____

MOTHER FATHER

12. Name **La Fote Dickerson**

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

14. Maiden name **Rachel (unknown)**

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

16. (a) Informant **Mrs. Flossie Armstrong**

(b) Address **303 W. Gannoun, Springfield, Mo.**

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

(c) Place: burial or cremation **Union Grove Cemetery**

18. (a) Signature of funeral director **Fred C. Thieme**

(b) Address **Springfield, Missouri**

19. (a) 10-26-47 **(b) H. S. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **23rd**
year **1947** hour **8:30 A.M.** minute _____ M. _____

21. I hereby certify that I attended the deceased from **July 1946** to **23 Oct 1947**
that I last saw her alive on **2 Oct 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Mucocytic Chronic Inflammation Intestinal** **Duration 2 years**

Due to **Hypertension chronic**

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

Major findings: **None - 9/20**

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? _____

23. Signature **H. S. Handley** **(M. D. or other)** _____
(e) Means of injury

Address **Springfield Mo.** **Date signed** **24 Oct 47**

(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.....

Ralph H. Thorne

..... Licensed Embalmer No. 3688

P.O. Address..... Springfield, 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.