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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44367

Registration District No. 756 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
Freeman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)
In this community: 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton 73
(c) City or town: rural 3
(If outside city or town limits, write "RURAL")
(d) Street No.: Seneca, R#2 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Minnie Lawson
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F. 1
5. Color or race: W.
6. (a) Single, widowed, married, divorced: M. 1
6. (b) Name of husband or wife: Wilbur H.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December 3, 1885 (Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 6 If less than one day hr. min.

9. Birthplace: Eldridge, Missouri 1
(City, town, or county) (State or foreign country)
10. Usual occupation: own home
11. Industry or business:
MOTHER FATHER
12. Name: Otto Hillig
13. Birthplace: Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name: Julia Butcher
15. Birthplace: Lebanon, Missouri 1
(City, town, or county) (State or foreign country)
16. (a) Informant: Wilbur H. Lawson,
(b) Address: Seneca, Missouri, R#2
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Osborne Memorial
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 12-11-47 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 9
year 1947 hour 3 minute 10 A.M.
21. I hereby certify that I attended the deceased from DEC. 3, 1947, to DEC. 9, 1947
that I last saw her alive on DEC. 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
PULMONARY EDEMA	OVER 3 DAYS
~~Due to~~ CIRRHOSIS OF LIVER	
AND CHR. MYOCARDITIS.	
Other conditions (Include pregnancy within 3 months of death) 9 3 D.	

Major findings:
Of operations: CHOLECYSTECTOMY
DIAG: CHOLELITHIASIS
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) 0
While at work? (e) Means of injury:
23. Signature: [illegible] (M. D. ~~or other~~)
Address: 527 FRISCO BLDG. Date signed 12/9/47

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

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

47-12-1066

APR 20 1948

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.