

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED APR 14 1948

Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:  
1407 Windsor St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Years (Specify whether years, months or days)

In this community 6 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone <sup>10</sup>

(c) City or town Columbia <sup>2</sup>  
(If outside city or town limits, write "RURAL") <sup>4</sup>

(d) Street No. 1407 Windsor St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME RODERICK MCKENZIE LAWSON

3. (b) If veteran, name war None

3. (c) Social Security No. ....

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Margaret Foster Lawson

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased 12 - 4 - 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>2</u>	<u>16</u>	.....hr. ....min.

9. Birthplace Gervan Ayrshire Scotland <sup>4</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

12. Name John Lawson

13. Birthplace Gervan Ayrshire Scotland <sup>4</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Helen Stevenson

15. Birthplace Gervan Ayrshire Scotland <sup>4</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant John Lawson

(b) Address 1407 Windsor St., Columbia, Mo.

17. (a) Removal (b) Date thereof 3 29 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cem. Vault

18. (a) Signature of funeral director Parsons Funeral Service

(b) Address Columbia, Mo.

19. (a) Mar 29 48 (b) Mrs R.E. Palmer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20  
year 1948 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec. 15 1947 to Jan. 20 1948  
that I last saw him alive on Jan 20 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic

Due to.....

Due to.....

Other conditions Bronchial asthma  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration.....

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 Harry W. Griffith M.D. (M. D. or other)  
Address Columbia Mo Date signed 1/27/48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed APR 12 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 Edm McHarg  
Licensed Embalmer No. 4067  
P. O. Address Columbia, 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.