S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7972

FILED APR 9 1948

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 116

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Shannon
(c) City or town West Eminence
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Francis Marion Lawson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruby Lawson
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Dec. (Month) 15 (Day) 1871 (Year)

8. AGE: Years 76 Months 3 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Retired
11. Industry or business

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

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) " " (State or foreign country)

16. (a) Informant Mrs. Ruby Lawson
(b) Address West Eminence, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Alley, Mo.
18. (a) Signature of funeral director Phil A. Leuckel
(b) Address Van Buren, Mo.
19. (a) 3-26-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 17 year 1948 hour 9 minute 50 M.

21. I hereby certify that I attended the deceased from Mar 4 1948, to Mar 17 1948; that I last saw him alive on 17 Mar 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Arteriosclerotic Heart disease

Due to General arteriosclerosis

Other conditions (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 Gardin Oltenrickson (M. D. ~~or other~~)
Address Poplar Bluff Mo Date signed 3-23-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 448-446
Date Filed 4-5-48

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~~ 3-17-48
....., Registered Apprentice No.....,
working under my personal supervision.

Signed Phil A Fenchel
Licensed Embalmer No. 2936
P. O. Address Van Buren Me

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.