S. No. 2
M—5-43
5-17-39
I X36671

39
2
6

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 21 1948

State File No. 12169

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 264

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:
Springfield Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence

(c) City or town Rt I Mt Vernon 55
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Evelyn Grace Lawson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fe 1

5. Color or race WHITE

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

6. (b) Name of husband or wife Lawrence C Lawson

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Aug (Month) 2 (Day) - 1910 (Year)

8. AGE: Years 37 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Buchanan (City, town, or county) Michigan 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wiley W Quay
13. Birthplace Horton (City, town, or county) Kansas 1 (State or foreign country)

MOTHER
14. Maiden name Katherine Harris
15. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs Katherine Quay
(b) Address 22 East 81st Kan, City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-30-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Vernon, Mo.

18. (a) Signature of funeral director Max L Lossett
(b) Address Mt Vernon, Mo.

19. (a) 3-29-48 (Date received local registrar) (b) W E Hardley (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1948 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3/22, 1948, to 3/29, 1948
that I last saw her alive on 3/28/48, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Addison's Disease	about 6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 73 A	
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? ✓
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Guy D Callaway (M. D. or other) MD
Address Springfield Mo Date signed 3/29/48

(Licensed Embalmer's Statement on Reverse Side)

APR 22 1948

APR 21 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 By me, Registered Apprentice No.,

working under my personal supervision.

Signed Max L Tossett

Licensed Embalmer No. 4252

P. O. Address McVernon 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.