No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 11 1948

Registration District No. 145

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12373

Primary Registration District No. 5566

Registrar's No.

7
0
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County: Iron
(b) City or town: Belleview
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Iron 47
(c) City or town: Belleview 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William Washington Lawson
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Josie Lawson
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: January (Month) 11 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
83	3	16	hr. min.

9. Birthplace: Equality Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation: farmer retired
11. Industry or business:
FATHER
12. Name: William W. Lawson
13. Birthplace: Columbus Ohio
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Angeline Kingston
15. Birthplace: Ill.
(City, town, or county) (State or foreign country)
16. (a) Informant: Miss Nettie Lawson
(b) Address: Belleview Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ironton Mo.
18. (a) Signature of funeral director: White Funeral Home
(b) Address: R. S. White Ironton Mo.
19. (a) May 4 1948 (Date received local registrar) (b) Mrs Elizabeth Logan (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 27
year 1948 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan-10, 1945, to 4-27, 1948; that I last saw him alive on 4-27, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomatosis of Mandible	
Due to: with metastasis	
Due to:	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

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: (M. D. or other)
Address: Ironton Mo. Date signed 4-30-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 548-592

Date Filed 5-8-48

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Pascal J. White

Licensed Embalmer No. 3012

P. O. Address Boston Mass

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.