FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20598

Registration District No. 316 — Primary Registration District No. 6074 — Registrar's No. 175

1. PLACE OF DEATH:
(a) County ST FRANCOIS
(b) City or town RURAL RANDOLPH TWP. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution NONE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 46 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST FRANCOIS
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. NEAR FRANK CLAY (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME LOUIS BENJAMAN LAWSON
3. (b) If veteran, name war NO
3. (c) Social Security No. 493-03-9978
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MADGE MAY LAWSON
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased SEP (Month) 24 (Day) 1901 (Year)

8. AGE: Years 46 Months 8 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace DESLOGE (City, town, or county) MO (State or foreign country)
10. Usual occupation DRILL MAN
11. Industry or business ST JOSEPH LEAD CO
FATHER
12. Name CHARLES LAWSON
13. Birthplace BONNETERRE (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name ELIZABETH CHRISTOPHER
15. Birthplace BONNETERRE (City, town, or county) MO (State or foreign country)
16. (a) Informant MADGE MAY LAWSON
(b) Address FRANK CLAY MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 2 1948 (Month) (Day) (Year)
(c) Place: burial or cremation FRANK CLAY MO
18. (a) Signature of funeral director Bert L. Boyer
(b) Address Leadwood MO
19. (a) 6-7-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 30 year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Verdict Coroners jury "due to being hit by a motor vehicle driven by a hit and run driver"
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy no

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) accident
(b) Date of occurrence May 30, 1948
(c) Where did injury occur? Hi-way #8 St Francois Co Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public highway (Specify type of place)
While at work? no (e) Means of injury Compound skull fracture
23. Signature Bert J. Miller M.D. or other
Address Farmington Mo Date signed 6/30/48

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

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

RECEIVED

District Health Officer No. 4

District File Number 648-762

Date Filed 6-15-48

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 Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.