S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30452

State File No. 53

FILED OCT 13 1948

Registration District No. 2344

Primary Registration District No. 5796

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution: 4 miles north of California Mo. 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau 61

(c) City or town rural Walker 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 mi. north of California, Mo. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME ELLA LAWSON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife James G. Lawson

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

7. Birth date of deceased Oct (Month) 7 (Day) 1871 (Year)

8. AGE: Years 77 | Months 0 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace Moniteau County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Jacob Kolb 5
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Elizabeth Rohrbach 5
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Fred E. Kolb
(b) Address California, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10 - 9 - 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Rohrbach cemetery

18. (a) Signature of funeral director A. E. Wilson
(b) Address California, Mo.

19. (a) 9-9-48 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
year 1948 hour 3 minute 15 p M.

21. I hereby certify that I attended the deceased from Aug 9, 1948, to Oct 7, 1948;
that I last saw her alive on Sept 24, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of liver	9 mo
Due to Cause unknown	
Due to " "	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations No opr.
Of autopsy No 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 L. L. Latham (M. D. or [illegible])
Address California Mo Date signed 10-8-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Vital Statistics Office No.

Date Filed OCT 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 G. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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.