

S. No. 2
OM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35445**
Registrar's No. **18**

FILED NOV 8 1948

Registration District No. **372** Primary Registration District No. **6264**

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

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Seymour Mo. Rt 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rural Hazelwood Twp
(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 Missouri (b) County Webster 112

(c) City or town Seymour Rt 1
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Hazelwood Twp
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ellen Lawson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Aug 8 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 2 14 hr. _____ min. _____

9. Birthplace Webster County Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William H. Philpott

13. Birthplace Webster County Mo. (1)
(City, town, or county) (State or foreign country)

14. Maiden name Mary William

15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. A. Philpott

(b) Address Seymour Rt 1

17. (a) Burial (b) Date thereof 10 25 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mass Cemetery

18. (a) Signature of funeral director Kelly Ferrell Bergman

(b) Address Seymour Mo.

19. (a) Oct 30 48 (b) Gilbert Jones
(Date received local registrar) (Registrar's signature) 2112

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1948 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from Oct 10
1948 to Oct 21 1948
that I last saw her alive on Oct - 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: CARCINOMA of Sigmoid

Due to Metastases to peritonaeum 2 days

Due to peritonitis 2 days

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature: J. P. Rice (M. D. or other) D.O.
Address: Seymour Mo Date signed 10/24/48

District No. 1148-1248
District No. 5-48
Date Dec 11 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.....

Max L. Miller....., Registered Apprentice No. 282

working under my personal supervision.

Signed, J. R. Kelley.....

Licensed Embalmer No. 3334

P. O. Address Fardland 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.