

FILED JUN 7 1944

Registration District No. 7

Primary Registration District No. 4213

Registrar's No. 83

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Montrose
(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 18 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County HENRY
(c) City or town Montrose
(If outside city or town limits, write "RURAL")
(d) Street No. 3 1/2 miles north of Montrose
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Kitty Delores Lawson
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 8
year 1944 hour 12 minute 36 A.
21. I hereby certify that I attended the deceased from Oct 9, 1943, to May 7, 1944
that I last saw her alive on May 7, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Claude
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased 4-20-1888
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage
Duration 3 da

8. AGE: Years 56 Months — Days 18
If less than one day hr. min.

Due to 30
Due to

9. Birthplace Bardwell Ky
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations

11. Industry or business

Of autopsy

12. Name James Acumigan

PHYSICIAN

13. Birthplace Alexon Indiana
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name Minnie Rufford

15. Birthplace Bardwell Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Lawson

(b) Address Madison Mo

17. (a) Burial (b) Date thereof 5-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Fred Wickum

(b) Address Clinton Mo

19. (a) May 10 1944 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature) s.k.

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 W. E. Baggerly (M. D. or other) MD
Address Montrose Mo Date signed 5-10-44

WHILE PRINTING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
43
39
87823

RECEIVED

District Health Officer No. 71

Director

5-44-714

6-6-44

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.....

Fred W. Kussack

Licensed Embalmer No.....

3478

P. O. Address.....

Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.