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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7050

Registration District No. MAR 17 1941 7

Primary Registration District No. 3018

Registrar's No.

42

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton (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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton Mo 2 (If outside city or town limits, write "RURAL")

(d) Street No. 403 South 3rd st (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: DA. BELLE LAWSON

3. (b) If veteran, name war: [illegible] 3. (c) Social Security No.

4. Sex FEM | 5. Color or race Wht | 6. (a) Single, widowed, married, divorced wid 2

6. (b) Name of husband or wife W.H. LAWSON | 6. (c) Age of husband or wife if alive years

7. Birth date of deceased SEPT (Month) 5 (Day) 1871 (Year)

8. AGE: Years 69 | Months 5 | Days 1 | If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business

MOTHER FATHER

12. Name James Cumpton

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

14. Maiden name Polly Ann TARTAR

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

16. (a) Informant Mrs Oscar Kimbrough

(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-41 (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalus & Bean

(b) Address Clinton Mo

19. (a) 2-13-41 (Date received by local registrar) (b) Dr J.R. Hampton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 6 year 1941 hour 4 minute 09 P M.

21. I hereby certify that I attended the deceased from 3-16-1940 3-16 1940, to 2-6 1941; that I last saw her alive on 1-30 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: Chr. Myocarditis	2 years
Due to:	
Other conditions (Include pregnancy within 3 months of death): 9 3/4	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Eugene D Neville (M. D. or other) DMD

Address Clinton Mo. Date signed 2-7-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-41-406
Date Filed 3-4-41

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 J. E. Gonsalves

Licensed Embalmer No. 1891

P. O. Address Anaconda Mont

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, above space should be left blank.