

FILED AUG 7 1943 250

Registration District No. 250

Primary Registration District No. 4375

State File No.

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Madawasky
(b) City or town Conception Jct MO
(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 9 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madawasky
(c) City or town Conception Jct
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME JESSIE J. LAWSON

3. (b) If veteran, name war. 3. (c) Social Security No. 2974-86620

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Andrew 6. (c) Age of husband or wife if alive 43 years (Month) (Day) (Year) 8-24-1880

8. AGE: Years 62 Months 11 Days 21 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Thomas Lawson
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
14. Maiden name Sarah Ellen Stanley
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Howard Weathermon
(b) Address Hyde MO
17. (a) Burial (b) Date thereof 7-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Outma

18. (a) Signature of funeral director W.R. Phillips
(b) Address Conception Jct MO
19. (a) 7-4-43 (b) W.R. Phillips
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1943 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to 9'4a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Means of injury 0

23. Signature W.R. Phillips (M. D. or other) Address Marionville, Mo. Date signed 7-3-43

Duration

1 week

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

44

4372

522

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..... *Fayton Phillips*
Licensed Embalmer No. *1898*
P. O. Address *Stamberg 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.

Notary Public *EM. N. T.*