S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1945

Registration District No. 599

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17872

State File No.

Primary Registration District No. 0599

Registrar's No. 28

1. PLACE OF DEATH:

(a) County: Putnam

(b) City or town: Rural Liberty tw
(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: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Putnam

(c) City or town: Rural
(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: Ira Edgar Lawson

3. (b) If veteran, name war: No

3. (c) Social Security No: No

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: 10 (Month) 26 (Day) 1885 (Year)

8. AGE: Years 59 | Months 6 | Days 11 | If less than one day: hr. min.

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

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Joel Lawson
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah E. Ridgeway
15. Birthplace: Iowa (City, town, or county) (State or foreign country)

16. (a) Informant: Ben Lawson
(b) Address: Unionville Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: May 8 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Hartford

18. (a) Signature of funeral director: Husted & Son
(b) Address: Unionville

19. (a) May 10-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th year 1945 hour 3 minute 8 M.

21. I hereby certify that I attended the deceased from May 1 1945 to May 7 1945 that I last saw h[illegible] alive on May 4 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Cer Cardiac Renal Dis — Duration: 2

Due to:

Due to:

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:

(c) 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: [signature] (M. D. or other)

Address: Unionville Mo. Date signed: 5/7/45

1049 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-45-941
Date Filed JUN 12 1945

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 F. O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville 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.