

FILED JUL 11 1944

State File No. _____

Registration District No. 291

Primary Registration District No. 5991

Registrar's No. 69

1. PLACE OF DEATH:

(a) County PATNAM
(b) City or town RURAL LIBERTY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
UNIONVILLE Mo, #5
(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 Mo (b) County PATNAM
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. UNIONVILLE, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH ELIZABETH LAWSON

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

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

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

7. Birth date of deceased Aug 28 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 9 If less than one day _____ hr _____ min.

9. Birthplace Jasper Co Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Home work

MOTHER FATHER

12. Name THOMAS RIDGEWAY

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

14. Maiden name NANCY COLEMAN

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

16. (a) Informant Grd Lawson

(b) Address UNIONVILLE, Mo.

17. (a) BURIAL (b) Date thereof 6-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HARTFORD CEM.

18. (a) Signature of funeral director H. O. V. [Signature]

(b) Address Unionville Mo

19. (a) _____ (b) _____
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 7
year 1944 hour _____ minute - A.M.

21. I hereby certify that I attended the deceased from _____, 1944, to _____, 1944
that I last saw her alive on _____, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death th. embolism - renal is Duration ?

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/1a

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 [Signature] (M. D. or _____)

Address Unionville Mo Date signed 6-8-44

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

MAY 1

VERNON A. ...
...

MORNING ...

[Handwritten signature]

[Handwritten signature]

RECEIVED

District Health Officer No. 10

District File Number 7-44-124

Date Filed JUL 10 1944

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 *Muel E. Husled*
Licensed Embalmer No. 3304
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.