

FILED DEC 7 1945
Registration District No. 274

Primary Registration District No. 3052

State File No. _____
Registrar's No. 295

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 47 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Lee Lawson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary T. Lawson

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased February 18 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Alex Lawson

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

14. Maiden name Elizabeth Bird

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

16. (a) Informant Mrs. Mary T. Lawson

(b) Address 1701 S. Brown, Sedalia, Mo.

17. (a) Burial (b) Date thereof Oct. 28, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Missouri

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 11-3-45 (b) A. J. Campbell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 1701 South Brown
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1945 hour 2 25 A minute _____ M.

21. I hereby certify that I attended the deceased from over 2 years
at his home, 19____ to _____, 19____;
that I last saw him alive on Oct 25, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis

Due to Senility

Due to Arterio Sclerosis -

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy No

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) No

(b) Date of occurrence _____

(c) Where did injury occur? None
(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 John O. Quisenberry M.D. (M. D. or other) MD

Address Sedalia Mo Date signed 10-27-45

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

1456

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-6-45

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.....

KPM Corary

Licensed Embalmer No. 3156

P. O. Address. Sedalia 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.