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M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30452

State File No. 53

FILED OCT 13 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 5796

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town rural Walker  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4 miles north of California, Mo.  
(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 Moniteau

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

(d) Street No. 4 mi. north of California, Mo.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELLA LAWSON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife James P. Lawson

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

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

8. AGE: Years 77 Months 0 Days 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Moniteau County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jacob Kolt 5

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

14. Maiden name Elsbeth Rohrbach

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

16. (a) Informant Pres. E. Kolt

(b) Address California, Mo.

17. (a) burial  
(Burial, cremation, or removal)

(b) Date thereof 10-9-1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Rehbach cemetery

18. (a) Signature of funeral director A. E. Wilson

(b) Address California, Mo.

19. (a) 9-9-48  
(Date received local registrar)

(b) H. R. Popejoy  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7  
year 1948 hour 3 minute 15 p. M.

21. I hereby certify that I attended the deceased from Aug 9, 1948, to Oct 7, 1948,  
that I last saw her alive on Sept 27, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to cause unknown

Due to \_\_\_\_\_

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

Major findings: Of operations no ops.

Of autopsy no 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 L. L. Latham (M. D. or \_\_\_\_\_)  
Address California, Mo. Date signed 10-8-48

OCT 12 1948

Date Filed

DEPARTMENT OF HEALTH SERVICES  
STATE OF CALIFORNIA

RECEIVED

**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.....

*A. E. Wilson*

Licensed Embalmer No.....

*2351*

P. O. Address.....

*California, 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.**