

FILED OCT 13 1948

Registration District No. _____

Primary Registration District No. 5796

Registrar's No. _____

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

Other conditions diabetes

Major findings: Of operations no ops.

Of autopsy no 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) (e) Means of injury

23. Signature L. L. Latham (M. D. or _____)

Address California, Mo. Date signed 10-8-48

Duration 9 mo

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

OCT 12 1948

Date Filed

RECEIVED

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.