

FILED MAY 11 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15328

Do not use this space.

## 1. PLACE OF DEATH

(a) County Ray Registration District No. 742  
 (b) Township Roll Primary Registration District No. 4044-5977A Registered No. 7  
 or Lawson Mo.  
 (c) City Lawson Mo. (d) Street No. 6236 St.  
 (e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Mary Elizabeth Aines  
 (a) Residence, No. Lawson Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of) (OR) WIFE OF Lewis H. Aines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 11 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawson Mo.

FATHER 13. NAME Josiah Manow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Louisiana

MOTHER 15. MAIDEN NAME Dicy Mebane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurens S.C.

17. INFORMANT (ADDRESS) Mabel Manow Lawson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson Mo. DATE April 5 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Manow

20. FILED 4/5 1942 W. C. Seale Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1942

22. I HEREBY CERTIFY, That I attended deceased from

1939 to April 3 1942  
 I last saw h. or alive on April 3 1942. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon with  
General abdominal metastasis  
Chronic Myocarditis & cardiac  
failure  
General Senility

Date of onset

Other contributory causes of importance

Name of operation Clinical Date of No.  
 What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 1942

Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify (Signed) Alfred Buehner, M. D.  
 (Address) Lawson Mo.

RECEIVED  
District Health Officer No. 8,  
District File Number.....  
Date Filed 5-9-42

**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 Scott W. Henderson  
Licensed Embalmer No. 3597  
P. O. Address Gallop Springs, 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, above space should be left blank.**