

FILED APR 10 1948  
Registration District No. ....

Primary Registration District No. 4448

Registrar's No. 7

89  
0  
0

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Lawson, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ..... (Specify whether  
In this community 20 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray

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

(d) Street No. .... (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: 0

3. (a) PRINT FULL NAME Charles M. Marston

(b) If veteran, name war: .....

3. (c) Social Security number 495-24-5357

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1944 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from ..... 19....., to ..... 19.....  
that I last saw h..... alive on ..... 19.....  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Lydia 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: Sept 1 - 1875  
(Month) (Day) (Year)

Immediate cause of death Sun shot wound in abdomen

Duration

8. AGE: Years Months Days If less than one day

68 6 23 hr. min.

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

184  
37

9. Birthplace Marselles Ills  
(City, town, or county) (State or foreign country)

10. Usual occupation Editor

Major findings: Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business Self

12. Name Charles W. Marston

13. Birthplace Sandwich N. H.  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Sharp

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

16. (a) Informant Lydia Marston

(b) Address Lawson Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence March 24, 1944

(c) Where did injury occur? Lawson Ray Ind  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home

(c) Place: burial or cremation Maple Hill Cem

18. (a) Signature of funeral director Simmons Funeral Home

(b) Address 16 C 46

While at work? no (Specify type of place) (c) Means of injury

23. Signature E. F. Baker Deputy coroner

Address Richmond Mo Date signed 3/24/44

19. (a) 3/27-44 (Date received local registrar)

(b) W. B. Black (Registrar's signature)

1143

1941-1942  
District Health Officer No. 8,  
District Hills  
Date filled 4-8-44

JUN 22 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.