REC'D MAY 10 1939

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

13960
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 399
(b) Township Raw 1 Primary Registration District No. 1002 Registered No. 1714
(c) City Kansas City (d) Street No. 3913 Norledge St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 2571 Ronald George Lawson
(a) Residence, No. 3913 Norledge 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 Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1 1936
7. AGE YEARS 2 MONTHS 6 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
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) Kansas City Kansas

FATHER
13. NAME E. G. Lawson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyaconda Missouri

MOTHER
15. MAIDEN NAME Naomi Adkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Erie Mo.

17. INFORMANT (ADDRESS) E. G. Lawson 3913 Norledge
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park K.C.K. DATE April 25 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. M. Newcomer's Sons Brushcreek & Paseo
20. FILED Apr. 24 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 14, 1937 to Apr 20, 1939
I last saw him alive on Apr 18, 1939 Death is said to have occurred on the date stated above, at 11 55 P m.
The principal cause of death and related causes of importance were as follows:
Congenital Malformation of heart (Patent interventricular septum) 1576 — Date of onset: Birth
Other contributory causes of importance: Passive Congestion of lungs and general decompensation.
Name of operation ..... Date of .....
What test confirmed diagnosis? X ray picture 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 ....., 19....
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? .....
If so, specify .....
(Signed) Frank C. Neff, M. D.
(Address) 315 Alameda Road

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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315 alameda Va 6947

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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 Nell Carr

Licensed Embalmer No. 3976

P. O. Address 1401 Brushcreek

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.