FILED MAR 7 - 1940

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

6307
Do not use this space.

1. PLACE OF DEATH

(a) County Clay — Registration District No. 148

(b) Township Fishing River — Primary Registration District No. 2011 — Registered No. 38

(c) or City Excelsior Springs, Mo. (d) Street No. Excelsior Springs, Mo. 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 5 yrs. mos. 31 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 520 Paul D. Lawing 0

(a) Residence, No. Marionville, Mo. St. [ ] Marionville, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Emma Lawing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1887

7. AGE — YEARS 52 — MONTHS 9 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Missouri 0

FATHER
13. NAME William T. Lawing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark, Mo. 0

MOTHER
15. MAIDEN NAME Rinnie Webber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois !

17. INFORMANT (ADDRESS) Hospital Records

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Marionville, Mo. DATE 2-21-40, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Prichard Excelsior Springs, Mo.

20. FILED Feb. 22, 1940 Mrs Rea McCracken Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1940, to February 20, 1940
I last saw him alive on February 20, 1940. Death is said to have occurred on the date stated above, at 12:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
46	

Other contributory causes of importance:
Colitis, chronic
Anemia, secondary

Name of operation Blood Transfusion Date of 1-24-40
What test confirmed diagnosis? Exam. and observation 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? Unknown
If so, specify

(Signed) J. J. Navin M. D.
(Address) J. J. NAVIN, M.D. Officer of Day Veterans Administration Facility Excelsior Springs, Mo.

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(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.

I X16505

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/6/46

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 Robert Ray, Registered Apprentice No. 226, working under my personal supervision.

Signed Claude Richard

Licensed Embalmer No. 1731

P. O. Address Excelsior 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.