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13-40
7-39
X23159

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1198

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

PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST. JOSEPH

(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo. + 6 ds.
(Specify whether

In this community yes 2 mo. 6 ds.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 2504 E. 14th
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George Lawless

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1940 hour 3-15 minute 9 M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Lidia 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Apr. 28 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 9 1940 to Nov. 15 1940
that I last saw him alive on Nov. 15 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 6 Days 18 If less than one day
hr. _____ min. _____

Immediate cause of death Broncho pneumonia Duration 1 wk.

9. Birthplace ? (City, town, or county) Mo. (State or foreign country)

Due to Arteriosclerosis with hypertension ?

Due to _____

10. Usual occupation farmer

Other conditions 1070
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Augustus Lawless

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary E. McKeenan

(b) Address 2504 E. 14th St. K.C. Mo.

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

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

(b) Date of occurrence _____

17. (a) Removal (b) Date thereof Nov. 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation French Chapel

(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? 65

18. (a) Signature of funeral director St. Joseph

(b) Address St. Joseph Mo.

While at work? _____ (Specify type of place)

(e) Means of injury _____

19. (a) Nov. 14, 1940 (b) A. Masterson
(Date received local registrar) (Registrar's signature)

23. Signature J. J. O'Neil (M. D. or other) Dr. O'Neil
Address St. Joseph Mo. Date signed 11/15/40

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.