DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41627

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 5020

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 48 Hours (Specify whether

In this community 15 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3236 Campbell Street (If rural, give location)

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

3. (a) PRINT FULL NAME Mr. James Ivan Lawson

3. (b) If veteran, name war None

3. (c) Social Security No. 491-07-2976

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Amy Ethelyn Lawson

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased July (Month) 3 (Day) 1911 (Year)

8. AGE: Years 29 Months 5 Days 27 If less than one day ___ hr. ___ min.

9. Birthplace Scotland County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Missouri & Kansas Furnace Co.

FATHER
12. Name Frank B. Lawson
13. Birthplace Scotland County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Hattie Williams
15. Birthplace Douglass County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ethelyn Lawson 3236 Campbell

(b) Address 3236 Campbell Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newsomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-31-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th year 1940 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19__ to ___, 19__; that I last saw him alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Hemothorax

Due to Bullet Wound of Chest

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence 12-28-40

(c) Where did injury occur? KC (City or town) Jackson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury 5

23. Signature [signature] (M. D. or other)

Address [signature] Date signed

(Licensed Embalmer's Statement on Reverse Side)

NOV 13 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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.