

No. 2
13-40
17-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9622**
1031
Registrar's No. _____

Registration District No. 299

Primary Registration District No. 1002

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: 3828 Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 5 1/2 years

3. (a) PRINT FULL NAME William A. Lawless

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida V. Lawless 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased June 27, 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>8</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name James P. Lawless

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

14. Maiden name Polly Corbin

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

16. (a) Informant G. F. Lawless

(b) Address 3828 Terrace

17. (a) Removal (b) Date thereof 3-14-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Easton, Missouri

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Street

19. (a) 3/12/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 3828 Terrace
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1941 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Mar 15, 1941, to Mar 12, 1941; that I last saw him alive on March 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Inflammation

Due to Senile Degeneration and cerebral arteriosclerosis

Other conditions 97

Major findings: Of operations 97

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(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? _____

23. Signature W. H. Peterson (M. D. or other) _____
Address 2625 Paseo Date signed 3-12-41

Duration 4 mon.

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

2625 Road
Hx 0625
Alm until 5:00

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 Clarence W. Chiles

Licensed Embalmer No. 3473

P. O. Address K. E. 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, fact should be so stated above.