No. 2
1-4-41
-17-39
X263

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24077

Registration District No. 399 FILED AUG 16 1941

Primary Registration District No. 1002

Registrar's No. 2616

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:
K.C.General Hospital No.1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 3 mo & 10 days (Specify whether
In this community 27 yr 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson

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

(d) Street No. 1315 Broadway. now 1236 Washington
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes name country 0

3. (a) PRINT FULL NAME ELMER LAWSON

3. (b) If veteran, name war no

3. (c) Social Security No. 487-01-9411

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary K Lawson

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Jan - 30 - 1914
(Month) (Day) (Year)

8. AGE: Years 27 | Months 5 | Days 9 day | If less than one day ✓ hr. ✓ min.

9. Birthplace Kansas City Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Truck driver

11. Industry or business Maurer & Co

FATHER
12. Name Albert Lawson
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary K Lawson
(b) Address 1236 Washington

17. (a) Burial (b) Date thereof 7-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director A. P. Doehler
(b) Address 1415 E 15

19. (a) July 11, 1941 (b) M M Crowe
(Date received local registrar) (Registrar's signature)

361

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
year 1941 hour 6 minute 40 A.M. M.

21. I hereby certify that I attended the deceased from 3-29-40, 19__, to 7-9-41, 19__;
that I last saw him alive on 7-9-41, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CHRONIC OSTEOMYELITIS OF RIGHT FEMUR	
Due to 154 B	
Due to 154 B	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above

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)
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Wiley K. Thorn (M. D. or other) P
Address Med. Dir. K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

C

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.....1166.....

P. O. Address.....1415 E 15

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

If this body is not embalmed, fact should be so stated above.