

S. No. 2
M-542
5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29478

FILED SEP 13 1942

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3311

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 6 hrs. (Specify whether)

In this community 25 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. 1812 1/2 Prospect Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME Elizabeth Lawson

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th
year 1942 hour 2 minute 45 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Le Roy Lawson 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 10 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-4-42, 19...., to 9-4-42, 19....; that I last saw h... or... alive on 9-4-42, 19....; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>2</u>	<u>24</u>hr.min.

Immediate cause of death Encephalomalacia

Due to Hypertension

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

10. Usual occupation at Home

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy See above

11. Industry or business Housewife

12. Name William white

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

14. Maiden name Mary Teresa Scanlon

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

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?.....

16. (a) Informant Mrs Margaret Bell (Sister)

(b) Address 4905 East 31st Street (City)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-42
(Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cemetery

18. (a) Signature of funeral director Melody McKelley F.H.

(b) Address K.C. Mo

19. (a) 7/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature Drury R. Thom (M. D. or other).....
Address Med. Dir. K.C. General Hospital Date signed.....

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

MOTHER FATHER

48
1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUN 5 1945

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

Russell N. France

Licensed Embalmer No. *4255*

P. O. Address. *Ke, 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.