

FILED JAN 21 1943
Registration District No. **1002**

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 **Manassas City**
(c) Name of hospital or institution: **1308 Forest 1**
(d) Length of stay: In hospital or institution **26 yrs**
In this community **26 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Manassas City**
(d) Street No. **1308 Forest**
(e) Citizen of foreign country? **0**

3. (a) PRINT FULL NAME **Robert L. Lawton**

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

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

6. (b) Name of husband or wife **Dorothy M. Lawton** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **June 9 1879**

8. AGE: Years **63** Months **6** Days **28** If less than one day hr. min.

9. Birthplace **Texas**

10. Usual occupation **Housewife at home**

11. Industry or business

MOTHER FATHER

12. Name **Mr. Reed**
13. Birthplace **Mo. 9**
14. Maiden name **Mr. Reed**
15. Birthplace **Mo. 9**

16. (a) Informant **R. L. Lawton**
(b) Address **1308 Forest**

17. (a) **Burial** (b) Date thereof **Jan 9 43**

(c) Place: burial or cremation **Floral Hill**

18. (a) Signature of funeral director **Mr. C. R. Gortler**
(b) Address **916 Pine Bluff**

19. (a) **1-5-43** (b) **Mr. M. Crone**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **5** year **1943** hour _____ minute **11:45** M.

21. I hereby certify that I attended the deceased from **Jan 5** to **Jan 5** 19**43** that I last saw him alive on **Jan 5** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **940s**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ 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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **B. B. Tarson M.D.** (M. D. or other) _____
Address **1230 Professional Bldg** Date signed **1/5/43**

Duration **8 Hours**

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

1679-6-28

W. A. ...
P. O. ...

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 Me

Registered Apprentice No. _____

working under my personal supervision.

Signed J. Clair Shepard

Licensed Embalmer No. 4179

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.