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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20718

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 2690

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2213 Lister
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 1808 Jarboe
(If rural, give location)

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

If yes, name country D

3. (a) PRINT FULL NAME MRS ANNA LAWSON

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife Unk

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

7. Birth date of deceased Dec. (Month) 11 (Day) 1878 (Year)

8. AGE: Years 65 Months 6 Days 15 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Andrew Phillips
13. Birthplace Penn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kathryne Duke
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Loyde McWilliams

(b) Address 1016 Hasbrook K.C.K.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope - K.C.K.

18. (a) Signature of funeral director C. J. Mart Memorial Home

(b) Address 4346 Swart

19. (a) 6-28-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1944 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from Mar 1944 ....., 19...., to 6/26/44, 19....; that I last saw her alive on 6/26/44, 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Carcinoma of Cervix	2 yr
Due to	
Due to 48a	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Same as above	
Of autopsy	

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 [signature] (M. D. or other)

Address 1401 S. W. Ave K.C.K. Date signed 6/28/44

(Licensed Embalmer's Statement on Reverse Side)

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 Howard J. Roe

Licensed Embalmer No. 2748

P. O. Address 4346 Tuart K.C.

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.