

FILED OCT 13 1944

Registration District No. **1**

Primary Registration District No. **3012-52-1**

Registrar's No. **127**

1. PLACE OF DEATH:

(a) County **Clay**
(b) City or town **Rural Fishing River Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether
In this community **1**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **U**

3. (a) PRINT FULL NAME **John Martin Lawson**

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 21 1889**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	4	30	hr. _____ min.

9. Birthplace **Ray County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maintainer**

11. Industry or business _____

12. Name **William Lawson**

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

14. Maiden name **Levira Murphy**

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

16. (a) Informant _____

(b) Address _____

17. (a) **Burial** (b) Date thereof **9-23-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Garden Cemetery**

18. (a) Signature of funeral director **Clayton Richard**

(b) Address **Excelsior Springs, Mo**

19. (a) **9-23-44** (b) **Mar Eddie Redman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **20**
year **1944** hour **8** minute **30** P.M.

21. I hereby certify that I attended the deceased from **May 13 1944** to **Sept. 20 1944**
that I last saw him alive on **Sept. 18 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of prostate** Duration **1 1/2 years**

Due to **Was not diagnosed until**

Due to **May 1944**

Other conditions **51 f**
(Include pregnancy within 3 months of death)

Major findings: **None made**
Of operations **Was healed by X-Ray**
Of autopsy **none made**

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) **no**

(b) Date of occurrence **no**

(c) Where did injury occur? **no**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work _____ (Specify type of place) _____
Means of injury _____

23. Signature **John J. Trach** (M. D. or other) **M.D.**
Address **Excelsior Springs, Mo** Date signed **9/22/44**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-10-44

NOV 20 1944

DEC 28 1958

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 Carl Rapp

- - Licensed Embalmer No. 3458

P. O. Address Cr. Spgs. 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.