

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No.

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:
12th & Baltimore
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3031 Troost
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John H. Lawton

3. (b) If veteran, name war World War I 3. (c) Social Security No. dont know

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Eda L. Lawton 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Dec. 3, 1944 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 12 If less than one day
hr. min.

9. Birthplace New York State
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Universal Television System

MOTHER FATHER { 12. Name Wm. H. Lawton
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eda L. Lawton

(b) Address 3031 Troost

17. (a) Cremation (b) Date thereof 12/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address Kansas City, Mo.

19. (a) 12-16-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1944 hour 12:55 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw CORONER _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary sclerosis
Due to Generalized arterio-sclerosis
Due to _____

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

Major findings: as above
Of operations _____
Of autopsy yes

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 James Walker (M. D. or other) _____
Address 1824 Prof. Rd. Date signed 12-16-44

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

MAR 12 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

Francis Walton

, Registered Apprentice No. *2744*

working under my personal supervision.

Signed

J. D. Peggiman

Licensed Embalmer No. *2744*

P. O. Address *K. E. 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.