

FILED MAR 3 1945
149
Registration District No.

Primary Registration District No. 1002

State File No.
Registrar's No. 694

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

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 20 days
(Specify whether years, months or days)
 In this community 73 1/2 years

3. (a) PRINT FULL NAME Alfred Laws
 3. (b) If veteran, name war no
 3. (c) Social Security No. bno

4. Sex Male 5. Color or Crace wh
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Emily Laws 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased June 1st 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 9
 If less than one day hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation retired Frisco Railroad

11. Industry or business
 12. Name Holly Laws
 13. Birthplace Missouri
(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 Emily Laws
 (b) Address 3042 Flora

17. (a) Burial (b) Date thereof Feb 13th 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Leavenworth Kansas

18. (a) Signature of funeral director Eylar Funeral Home
 (b) Address Kansas City Mo

19. (a) 2-12-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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. 3024 Flora
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 10
 year 1945 hour 3 minute 55 P. M.
 21. I hereby certify that I attended the deceased from January 21, 1945, to February 10, 1945,
 and that death occurred on the date and hour stated above.
 Immediate cause of death Bronchopneumonia

Duration
 Due to
 Due to
 Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy See above
 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?

While at work? no (Specify type of place) (e) Means of injury no
 23. Signature Clark W. Seely (M. D.)
 Address Med. Dir. Gen'l Hosp. Date signed 2-12-45

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address Houston City

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.