

FILED MAY 15 1945
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Registration District No. _____ Primary Registration District No. 1802 Registrar's No. 1904

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
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 weeks
(Specify whether years, months or days)
 In this community 34 years

3. (a) PRINT FULL NAME Maud Lawless

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased March 24, 1876 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 66 58 9 3 _____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Josephine Falen

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

16. (a) Informant Mary L. Majors
 (b) Address Leavenworth, Kansas

17. (a) Buried (b) Date thereof May 1, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
 (b) Address Kansas City, Mo.

19. (a) 4-30-45 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 601 Cheyenne, Leavenworth, Ks.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
 year 1945 hour 4 minute 19 A.M.

21. I hereby certify that I attended the deceased from 19 to 19 ;
 that I last saw h. alive on 19 ;
 and that death occurred on the date and hour stated above.

Immediate cause of death, Pneumo-pneumonia

Due to Fracture left hip

Due to _____

Other conditions 1860
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
 Of operations _____

Of autopsy yes at General Hospital

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) accident

(b) Date of occurrence 2-25-45

(c) Where did injury occur? 1917 Mustang 100 Yellow Mustang
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
about home

While at work? no (Specify type of place) (e) Means of injury Fallen

23. Signature J. W. Walker (M.D. or other) 3
 Address 1424 1/2 S. Main St. Date signed 4-30-45

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

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3
8

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 *H. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address: *R. C. 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.