

S. No. 2
1-12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1186

State File No.

Registrar's No.

179

FILED JAN 27 1947

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 4115 Prospect
(d) Length of stay: In hospital or institution XX
16 years
In this community 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4115 Prospect
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME MRS. ROSE B. LAWSON

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

4. Sex Fe / 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elmer H. Lawson
6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 25 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 17
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name August Bauknecht

13. Birthplace Germany
(State or foreign country)

14. Maiden name Elsa Booth
(State or foreign country)

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

16. (a) Informant Elmer H. Lawson

(b) Address 4115 Prospect

17. (a) Burial (b) Date thereof 1-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J.W. Wagner
(b) Address Kansas City, Mo.

19. (a) 1-14-47 (b) Thelma Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1947 hour 12: minute 45 A.M.

21. I hereby certify that I attended the deceased from April 23 1943 to Jan 12 1947
that I last saw her alive on Jan 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration!

Due to Carcinoma of the
fundus of the uterus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 4/8/45
Of autopsy

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? (Specify type of place) (c) Means of injury

23. Signature J.W. Wagner (M.D. or other) M.D.
Address 826 Angyle Ave. S.E. Date signed 1/14/47

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

MOTHER FATHER

DEC 4 1941

MAR 15 1942

copy
V1 - 6330

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 Alvin R. Harnschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.