

FILED FEB 5 1947
Registration District No. 1002

Primary Registration District No. 1002

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:
39th. & Main St. 7
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 45 yrs.
(Specify whether years, months or days)

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. 4316 Genesee
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William C. Lawson

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 486-03-9940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 22
year 1947 hour 1:27 minute 0 M.

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

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

6. (b) Name of husband or wife Mable E. Lawson 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Aug. 24 1893
(Month) (Day) (Year)

Immediate cause of death Coronary Insufficiency

Due to arteriosclerosis

Due to _____

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

8. AGE: Years 53 Months 4 Days 28
If less than one day: _____ hr. _____ min.

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

10. Usual occupation Lineman

11. Industry or business Southwestern Bell Tele. Co.

MOTHER FATHER { 12. Name Benjamin Lawson

13. Birthplace no record no record
(City, town, or county) (State or foreign country)

14. Maiden name Annie Clark

15. Birthplace no record no record
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy no
Histology & Inquest

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mable E. Lawson

(b) Address 4316 Genesee

17. (a) burial (b) Date thereof Jan. 25 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kans.

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) (e) Means of injury _____

23. Signature Jamuel Walker (M. D. or other) _____
Address 1424 Jefferson Date signed 1-22-47

19. (a) 1-24-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

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.....
Licensed Embalmer No. 3991
P. O. Address 103 East 51st St

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.