7. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38270

FILED NOV 24 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4661

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: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 DAYS (Specify whether
In this community: 54 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48 35
(c) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No.: 600 WEST-70TH STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ——

3. (a) PRINT FULL NAME: MR CARL RICHARD LAWSON
3. (b) If veteran, name war: World War I
3. (c) Social Security No.: 495-07-8164
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Nona S. Lawson
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: May (Month) 8 (Day) 1893 (Year)

8. AGE: Years 54 Months 5 Days ~~28~~ 27 If less than one day ____ hr. ____ min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Advertising Agency
11. Industry or business:
FATHER
12. Name: Charles J. LAWSON
13. Birthplace: Sweden (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Longra Rann
15. Birthplace: Brighton (City, town, or county) England (State or foreign country)
16. (a) Informant: MRS. NONA S. LAWSON
(b) Address: 600 WEST-70TH STREET
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 7, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: D. H. Newcomer Jones
(b) Address: 1401 - BRUSH CREEK BLVD.
19. (a) 11-7-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 5TH year 1947 hour 11 minute 40 A. M.
21. I hereby certify that I attended the deceased from 1-1-46 to NOV 5, 1947 that I last saw him alive on NOV 5 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Left Ventricular Heart failure	2 days
Due to: Coronary Occlusion	
Due to: Hypertensive Heart Disease	2 yrs
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: no
Of autopsy: as above

PHYSICIAN — Underline the cause of 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: 0

23. Signature: Martin P. Hunter (M. D. or other) M.D.
Address: 1408 Walthein Bldg Date signed: 11-6-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1947

MAR 6 1948

1407 Waldheim Bldg.
1:30-5

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.