. No. 2
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5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8788

Registrar's No. 1328

WRITE PLAINLY—USING 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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 44 years

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.: 3710 Garner
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Albert T. Lawrence
3. (b) If veteran, name war: no
3. (c) Social Security No.: 499-09-6073
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Amanda C. Lawrence
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: August (Month) 13 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
76	7	12	hr. min.

9. Birthplace: Rhode Island (City, town, or county) (State or foreign country)
10. Usual occupation: laborer
11. Industry or business:
FATHER 12. Name: unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Roy Box
(b) Address: Parkville, Mo. R. R. B. 348
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn
18. (a) Signature of funeral director: Earp & Sons
(b) Address: 4139 E. 15th. St.
19. (a) 3-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 25 year 1948 hour 1 minute 10 P.M.
21. I hereby certify that I attended the deceased from March 24, 1948 to March 25, 1948 that I last saw him alive on March 25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary sclerosis with acute coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy: See 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:
23. Signature: [illegible] (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 3-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Pennell

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 John B. Camp

Licensed Embalmer No. 2935-5

P. O. Address K.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.