No. 300
—10-47
5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26425

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3401

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: 3000 TRACY AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — — —
In this community 41 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3000 TRACY AVENUE 8
(If rural, give location) 0
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country SCOTLAND

3. (a) PRINT FULL NAME MR. ALEXANDER LAWSON, SR.

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. NELLIE LAWSON

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased DECEMBER 16 1873 (Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 3 If less than one day hr. min.

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

10. Usual occupation RETIRED SCHOOL TEACHER

11. Industry or business LATHROP & MANUAL HIGH SCHOOLS

FATHER
12. Name ANDREW LAWSON
13. Birthplace TORRANCE (City, town, or county) SCOTLAND (State or foreign country)

MOTHER
14. Maiden name AGNES COOPER
15. Birthplace TORRANCE (City, town, or county) SCOTLAND (State or foreign country)

16. (a) Informant Mrs. Nellie Lawson
(b) Address 3800 Tracy Avenue

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-21-48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. WASHINGTON CEM.

18. (a) Signature of funeral director O. W. Newcomer Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 8-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 19TH year 1948 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from — 19 46 to Aug 19 19 48 that I last saw him alive on Aug. 15 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Diabetes Mellitus	

Major findings:
Of operations
Of autopsy 61

PHYSICIAN — 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)
(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 [illegible] (M. D. or other) MD
Address 934 Argyle Bldg Date signed 8-19-48

(Licensed Embalmer's Statement on Reverse Side)

10:00 a.m.

FEB 1 1954

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.