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FILED NOV 16 1948/49
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4408

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:
2920 CHELSEA AVENUE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 44 YEARS (Month) (Day) (Year)

3. (a) PRINT FULL NAME MR. LAURANCE J. LAWRASON

3. (b) If veteran, name war No 3. (c) Social Security No. 490-16-2711

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

(b) Name of husband or wife MRS. GRACE LAWRASON 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased OCTOBER 11 1884
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 16 If less than one day hr. min.

9. Birthplace FERGUS CANADA
(City, town, or county) (State or foreign country)

10. Usual occupation LEATHER CUTTER

11. Industry or business SHIPLEY SADDLERY

12. Name UNKNOWN LAWRASON

13. Birthplace CANADA
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) James C. Walker

(b) Address 2920 Chelsea

17. (a) CREMATION (b) Date thereof OCT-29-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 10-29-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 2920 CHELSEA AVENUE
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country CANADA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 27TH
year 1948 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from
Lowm, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pernyous rheumatism Duration _____

Due to acute rheumatism

Due to _____

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

Major findings: 93 D
Of operations _____

Of autopsy no
Identify & Impression

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? _____

James C. Walker (Specify type of place) 3
While at work? (e) Means of injury _____

23. Signature James Walker (M. Dror other) _____

Address 1444 14 14 Date signed 10-28-48

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.....

Wayle L. Daniel, Registered Apprentice No. *278*

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.