

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35949
State File No. 4854

FILED NOV 2 - 1953
BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3368	
c. LENGTH OF STAY (In this place) 50 years		d. STREET ADDRESS (If rural, give location) 2930 MERSINGTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL NO 2			
3. NAME OF DECEASED (Type or Print) ARTHUR W. LAWSON		4. DATE OF DEATH (Month) (Day) (Year) OCT. 7, 1953	
5. SEX 2	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JANUARY 23, 1900 53
9. AGE (In years last birthday) 53	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAXICAB BUSINESS	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) BUNCETON, MO. 0
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME GUS LAWSON		13b. MOTHER'S MAIDEN NAME JENNIE E. EMERY NEVER MARRIED	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.		16. SOCIAL SECURITY NO. 497-36-9001	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Jennie E. Scaler		ADDRESS 2930 Mersington Kansas City, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock ANTECEDENT CAUSES DUE TO (b) Fracture of Pelvis DUE TO (c) Fracture of Right Leg Both Bones II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage - Auto Trauma	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) opp 1412 E 24	
21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE) Kansas City Jackson Missouri		21d. TIME OF INJURY 10/7/53 9:30 a.m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Truck Back over body	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Deputy Coroner J. M. Tillman		23b. ADDRESS 1618 Lydia	
23c. DATE SIGNED 10/7/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 12, 1953	
24c. NAME OF CEMETERY, OR CREMATORY Pincalor Cemetery		24d. LOCATION (City, town, or county) State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 10-9-53		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Fannie L. Meek		ADDRESS Kansas City, Mo.	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City, 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.