DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 26 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1046
Registrar's No. 31

Registration District No. 399 Primary Registration District No. 1002

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:
5724 Oak Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----
In this community 46 Years (Specify whether years, months or days)

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. 5724 Oak Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME Mrs. Gleo Hopkins Dawless
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Marr.
6. (b) Name of husband or wife Mr. Thomas C. Dawless
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased July (Month) 27 (Day) 1889 (Year)
8. AGE: Years 50 Months 5 Days 6 If less than one day ____ hr. ____ min.
9. Birthplace Bowling Green (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ----
MOTHER FATHER
12. Name William Hopkins
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Martha Haden
15. Birthplace Bowling Green (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant's own signature Mrs. J. Duncan
(b) Address Dallas Texas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Mary's
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Jan. 4, 1940 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd year 1940 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 7, 1939, to January 2, 1940, that I last saw her alive on January 2, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death I. Cardiac Disease	
(a) Auricular fibrillation	
Due to (b) Mitral and Tricuspid Insufficiency	
(c) Myocardial Hypertrophy	
Due to (d) Decompensated	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None done
Of autopsy None done

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 J. A. Wren (M. D. or other)
Address 306 E. 12th St Date signed Jan 3, 1940

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
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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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.