

S. No. 2
 DOM-2-43
 5-17-39
 X33897

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27292

State File No.

3705

SEP 7 1943
 Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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 # 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8-14-13-8-24-43
 In this community 5 years
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME JAMES WILLIAM DAWSON
 3. (b) If veteran, name war 700
 3. (c) Social Security No. 709-14-0312

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Genevieve Dawson
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 19 1877
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 5 _____ hr. _____ min.

9. Birthplace Shreveport Louisiana
 (City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER

12. Name Garrett Dawson
 13. Birthplace Georgia
 (City, town, or county) (State or foreign country)
 14. Maiden name Sallie Harrison
 15. Birthplace Amarillo Texas
 (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
 (b) Address General Hospital # 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 27, 1943
 (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director [Signature]
 (b) Address 1212 Pine St. B.C., Mo.

19. (a) Aug 27, 1943 (Date received local registrar)
 (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1016 Paseo
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
 year 1943 hour 4:50 minute P. M.

21. I hereby certify that I attended the deceased from August 14, 1943 to August 24, 1943
 that I last saw him alive on August 24, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Ex Hypostatic Pneumonia

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

Major findings:
 Of operations _____
 Of autopsy Same as above

Duration
 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) Means of injury _____
 23. Signature [Signature] (M. D. or other)
 Address Gen. Hosp. #2 1016 E. 2 St. Date signed 8-26-43

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. Sterling Pills*

Licensed Embalmer No. *3178*

P. O. Address *1212 Olive K.C.*

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.