

FILED DEC 22 1943

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 5155

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)
 In this community 15 DAYS

3. (a) PRINT FULL NAME Gerald Martin Dawson

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 SINGLE

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased NOVEMBER 20 1943
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>15</u>	<u>hr. min.</u>

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business --

MOTHER FATHER { 12. Name CPL. MARTIN RUSSELL DAWSON
 13. Birthplace COLBY WISCONSIN
(City, town, or county) (State or foreign country)
 14. Maiden name CLAIRE LAROCQUE
 15. Birthplace OTTAWA ONTARIO - CANADA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. MARTIN RUSSELL DAWSON

(b) Address OTTAWA, ONTARIO, CANADA

17. (a) BURIAL (b) Date thereof DEC. 7 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director D. N. Newcomer's Son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-7-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ONTARIO CANADA (b) County CARLETON
 (c) City or town OTTAWA
(If outside city or town limits, write "RURAL")
 (d) Street No. 484 ARLINGTON AVENUE
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 5, year 1943 hour 1 minute 55 A. M.

21. I hereby certify that I attended the deceased from November 20 1943 to December 5 1943

that I last saw him alive on December 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Premature-Infantile Diarrhea Duration --

Due to 159
 Due to --

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

Major findings:
 Of operations --
 Of autopsy --

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 Dwight R. Thom (M. D. or other) --
 Address Med. Dir. Gen'l Hosp. Date signed 12-6-43

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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.