S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED JUN 25 1946

STANDARD CERTIFICATE OF DEATH

State File No. 20227

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2625

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: Osteopathic Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

(c) City or town Walcott
(If outside city or town limits write "RURAL")

(d) Street No. R R
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME James Edward Dawkins

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 married

6. (b) Name of husband or wife Alma

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July (Month) 26 (Day) 1886 (Year)

8. AGE: Years 59 Months 10 Days ~~18~~ 17 If less than one day ..... hr. ..... min.

9. Birthplace Sampsel (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Cooper

11. Industry or business Kelley Cooperage Co

FATHER
12. Name Thomas Dawkins
13. Birthplace ..... (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Dayton
15. Birthplace ..... (City, town, or county) Mo (State or foreign country)

16. (a) Informant Alma Dawkins
(b) Address 207 So Valley. KCKans

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation Hutchinson Cem Chillisothe Mo

18. (a) Signature of funeral director Cade Bros
(b) Address 1416 Minnesota KCKans

19. (a) 6-14-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 13
year 46 hour 10 A.M. minute 40 A.M.

21. I hereby certify that I attended the deceased from 5-28, 1946, to 6-13, 1946
that I last saw him alive on 6-13, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxemia from Peritonitis + Acute Appendicitis	14 days
Due to Mesenteric thrombosis	14 days
Due to Hepatitic Sclerosis	10-15 yrs.
Other conditions (Include pregnancy within 3 months of death) 12:2	

Major findings: Of operations Mesenteric thrombosis + Acute Appendicitis
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Roy V. Culp, D.O. (M. D. or other)
Address 2202 A. Est. 31st. KC, Mo Date signed 6-13-46

(Licensed Embalmer's Statement on Reverse Side)

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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Kansas City Kans.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.