

No. 2
-12-45
-17-39
X47070

FILED AUG 11 1947

Registration District No. **42** Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1215 N. 19th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **not**
In this community **20 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **David Franklin Dawson**

3. (b) If veteran, name war **None**

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 **Flora Dawson**

6. (c) Age of husband or wife if alive. **66** years

7. Birth date of deceased **August 30 1866**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	11	1	hr. min.

9. Birthplace **Decatur County Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **Joseph A. Dawson**

13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Ellen Unknown**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Flora Dawson**

(b) Address **1215 N. 19th St., St. Joseph, Mo.**

17. (a) Burial **(b) Date thereof Aug. 4, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethel Cemetery**

18. (a) Signature of funeral director **Halter Meierhoffer**

(b) Address **1946 Colhoun St., St. Joseph, Mo.**

19. (a) 8-7-47 (b) E. L. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")

(d) Street No. **1215 N. 19th Street**
(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 **1st**
year **1947** hour **4** minute **40 P. M.**

21. I hereby certify that I attended **viewed** **deceased from**
Aug 1st 19... to 19...
that I last saw h... alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy** **Duration**

Due to

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 cause, 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 **3**

23. Signature **B. W. Tadlock** **Coroner**
(M. D. or other)

Address **KING HILL BLDG** Date signed **8/1/47**

St Joseph, Mo.

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.....

Albert C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address..... St. Joseph, 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.