

REC'D MAR 11 1940

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(c) Name of hospital or institution: **409 W. 3rd**
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution **20 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **409 W. Third St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **FRANKLIN A. DAWSON**
8. (b) If veteran, name war _____ 8. (c) Social Security No. **490-10-9407**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **4** year **1940** hour **5:30** minute **P.** M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him live on **Feb. 5, 1940** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Violet D.** 6. (c) Age of husband or wife if alive **47** years
7. Birth date of deceased **May 18 1882**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage** Duration _____
Due to _____
Due to **g.i.t.**

8. AGE: Years Months Days If less than one day
57 8 17 hr. min.

9. Birthplace **Waynesfield Ohio**
(City, town, county) (State or foreign country)

10. Usual occupation **Machinist Helper**

11. Industry or business **Machine Shop**

MOTHER FATHER { 12. Name **Not Known** ?
13. Birthplace _____ (City, town, county) (State or foreign country)

14. Maiden name **Not Known**
15. Birthplace _____ (City, town, county) (State or foreign country)

16. (a) Informant's own signature **Violet D. Dawson**
(b) Address **Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **2-7-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Graveyard**

18. (a) Signature of funeral director **Shawley**
(b) Address **Joplin, Mo. 370**

19. (a) **2-6-40** (b) **E. D. Jernig**
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 5 months of death) _____
Major findings: _____
Of operations _____
Of autopsy **Investigation**

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) _____
(e) Means of injury **Car over**
28. Signature **A. H. Winchester** (M. D. or other) **✓**
Address **Joplin, Mo.** Date signed **2-5-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

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.

U. S. G. P. O. 4
50M-5-17-39
Rev. 5-17-39
1 X 10811

RECEIVED

District Health Officer No. 6,

District File Number 340-771

Date Filed MAR 8 1940

MAR 18 1958

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..... *David Dillon*

Licensed Embalmer No. 3898

P. O. Address..... Joplin, 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, above space should be left blank.