FILED JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20691

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2308

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

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: 3015 Linwood Blvd. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---------- (Specify whether years, months or days)
In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits write "RURAL")
(d) Street No. 3015 Linwood Blvd. (If rural, give location)
(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME Mr. Clarence Hopewell Dawson
3. (b) If veteran, name war None
3. (c) Social Security No. 486-09-7731

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Rhea Dawson
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased November 3, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	7	1	hr. min.

9. Birthplace Jackson (City, town, or county) Michigan (State or foreign country)
10. Usual occupation Salesman
11. Industry or business J. C. Nichols Realty Co.

FATHER
12. Name Thomas H. Dawson
13. Birthplace London (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Anna Herr
15. Birthplace Jackson (City, town, or county) Michigan (State or foreign country)

16. (a) Informant Rhea M. Dawson
(b) Address 3015 Linwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cemetery
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) June 5, 1940 (Date received local registrar) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 13, 1939, to June 4, 1940; that I last saw him alive on 29 May, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchogenic Carcinoma upper lung	June 13 '39 first came under observation
Due to	
Due to Terminal hemorrhages	2 days
Other conditions (Include pregnancy within 3 months of death) [illegible] metastases in neck, pressure on oesophagus [illegible]	2 mos.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. S. Milne (M. D. or other) MD
Address 1132 [illegible] Bldg. Date signed June 4. 40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lindsay Miller
Prof. 61 4238

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 Kenneth Page Jeffs

Licensed Embalmer No. 4428

P. O. Address Kansas City Mo. 1308 Bro

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

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