

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34632

State File No. _____

FILED NOV 12 1940

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4148

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 804 W. 29th Street 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jasper Newton Dawson
(b) If veteran, name war No (c) Social Security No. No

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fratie Helen Dawson 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Mar. 2 1864 (Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Benton Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation farmer 9

11. Industry or business 9

FATHER { 12. Name Dont know
13. Birthplace _____ (City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name Dont know
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. J. Bailey
(b) Address 804-W-29th-KC. Mo.

17. (a) burial (b) Date thereof Oct 31 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houstonia

18. (a) Signature of funeral director H.C. Steadman
(b) Address Houstonia Mo.

19. (a) Oct. 30, 1940 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town 0 Houstonia - Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29th year 1940 hour _____ minute 1:42 P.M.

21. I hereby certify that I attended the deceased from Oct 20, 1940, to Oct. 29, 1940.
that I last saw him alive on Oct. 29, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarct 8 days
Due to Arteriosclerosis 3 days
Due to 197w

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

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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)
(e) Means of injury _____
23. Signature Edgar Canine M.D. (M. D. or other)
Address Edgar Medical Bldg Date signed 10/24/40

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.....

H. H. Smiley

Licensed Embalmer No. *3987*

P. O. Address *Houston, TX*

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.