

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County... Platte  
(b) City or town... Parkville (Rural) Pettis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution...  
(Specify whether  
In this community... 2  
years, months or days)

3. (a) PRINT FULL NAME

George Frank Dawson

3. (b) If veteran,

name war... now

3. (c) Social Security

No. None

4. Sex... Male

5. Color or race... White

6. (a) Single, widowed, married, divorced... Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive... 1858 years

7. Birth date of deceased... May 10  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>5</u>	<u>21</u>	hr. min.

9. Birthplace

Marshalltown Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation

Retired Farmer

11. Industry or business

12. Name... Benjamin Dawson  
13. Birthplace... Fredericksburg Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name... Elizabeth Fraser  
15. Birthplace... Wellsville Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. M. Fickle

(b) Address... Parkville Mo

17. (a) Burial... (b) Date thereof... Nov 3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Parkville Mo

18. (a) Signature of funeral director... Leland H Francis

(b) Address... Parkville Mo

19. (a) (b) S. P. Ford  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... Platte  
(c) City or town... Parkville - (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.?

MEDICAL NOTIFICATION

20. DATE OF DEATH: Month... Nov day... 1  
year... 1940 hour... 1 minute... 12.4 M.

21. I hereby certify that I attended the deceased from  
Jan 4 1940 to Nov 1 1940  
that I last saw him alive on Oct 21 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death... Arteriosclerosis Duration 9 years

Due to... 121

Other conditions... Chronic Nephritis  
(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 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... S. P. Ford M.D. (M. D. or other) 1  
Address... Parkville Mo Date signed... 11-4-40

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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 ME

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Leland A. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39579

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 695-

Primary Registration District No. 0722

Registrar's No.

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

1. PLACE OF DEATH

(a) County. Platte  
(b) City or town. Parkville, P. Pettis T. P.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

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

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

3. (a) PRINT FULL NAME. Geo Frank Dawson

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex. m 5. Color or race. W 6. (a) Single, widowed, married, divorced. S

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. years

7. Birth date of deceased. May - 10 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 5 27 hr. min.

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

10. Usual occupation.

11. Industry or business.

MOTHER FATHER { 12. Name.

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

14. Maiden name. (City, town, or county) (State or foreign country)

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

16. (a) Informant.

(b) Address.

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

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) 11-25-1940 (b) S. P. Fard (Registrar's signature)  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State. (b) County.

(c) City or town. (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 11 day 1  
year 1940 hour minute M.

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

Immediate cause of death.

Due to.

Due to.

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

Major findings:  
Of operations.

Of autopsy.

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) (c) Means of injury.

23. Signature. S. P. Fard (M. D. or other)

Address. Parkville Mo Date signed.

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

1946

S-39519