

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13124  
Registrar's No. 1848

Registration District No. 149

Primary Registration District No. 1002

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:  
General Hospital No. 20  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4-15-43-4-16-43  
(Specify whether years, months or days) 20 years

3. (a) PRINT FULL NAME ANNA BELLE DAWSON

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race Negro 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased December 25 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 3 22 hr. min.

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

10. Usual occupation unemployed

11. Industry or business

12. Name unknown  
13. Birthplace Alabama  
(City, town, or county) (State or foreign country)  
14. Maiden name LUCY ? DAWSON  
15. Birthplace Ala.  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital #2

17. (a) Burial (b) Date thereof April 19, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery, T.C. Mo

18. (a) Signature of funeral director Fannie D. Meek  
(b) Address 1708 E. 18th St. T.C. Mo

19. (a) 4-19-43 (b) M. W. Brown  
(Date received local registrar) (Registrar's signature)

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. 2311 Woodland  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16  
year 1943 hour 2:45 minute 0 M.

21. I hereby certify that I attended the deceased from April 15, 1943, to April 16, 1943  
that I last saw her alive on April 16, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis Duration

Due to Ruptured Appendices (post-operative)

Due to 12/1

Other conditions (Include pregnancy within 3 months of death)

Major findings: Ruptured Appendices  
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) Means of injury

23. Signature Gen. Sup #2-6008 22 (M. D. or other)  
Address 4-17-43 Date signed

**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 Fannie P. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City, 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:**