S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1943

Registration District No. 49

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20329

Primary Registration District No. 1002

Registrar's No. 2474

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: 4337 Charlotte St.
(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 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 4337 Charlotte
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country

3. (a) PRINT FULL NAME: George Edward Dolson
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Rose Ann Dolson
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: Dec. 4, 1868 (Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 27 If less than one day hr. min.

9. Birthplace: Winterset, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Railway Mail Clerk
11. Industry or business: Railway Mail Service

FATHER
12. Name: George B. Dolson
13. Birthplace: Canada (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ellen Murphy
15. Birthplace: Limerick, Ireland (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Rose Ann Dolson
(b) Address: 4337 Charlotte St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: June 4, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Des Moines, Iowa.
18. (a) Signature of funeral director: Thos. E. Quirk Funeral
(b) Address: 4316 Troost Ave.
19. (a) June 1, 1943 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st. year 1943 hour 9.30 A.M. minute M.
21. I hereby certify that I attended the deceased from May 16, 1943, to June 1, 1943, that I last saw him alive on June 1, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia — Duration
Due to: Fracture upper third of Femur
Due to: due to fall at home
Other conditions (Include pregnancy within 3 months of death): 1860
Major findings:
Of operations: 0
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: May 16, 1943
(c) Where did injury occur? Home K.C. Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
(e) Place at work? (f) Means of injury: 0

23. Signature: W. Wm. P. Gaurig (M. D. or other)
Address: 415 Shukert Bldg. Date signed: 6/1/43

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas E. Zurk

Licensed Embalmer No. 3775

P. O. Address N. C. 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.