

U. S. No. 2
DOM-2-43
5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3029
Registrar's No.

FILED JUL 19 1943 149
Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.E.
(c) Name of hospital or institution General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs.
In this community 45 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town K.E.
(d) Street No. 1620 Central
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Francis J. Dawson
3. (b) If veteran, name war no
3. (c) Social Security No. unknown

4. Sex m 5. Color or race w
6. (a) Single, widowed, married single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased April 12, 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 22
If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business unknown

MOTHER FATHER { 12. Name Louis Dawson
13. Birthplace Virginia
14. Maiden name Emma Varner
15. Birthplace Green County Penna
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rosa Parker
(b) Address Rt 2 only Mo.
17. (a) burial (b) Date thereof 7-10-43
(c) Place: burial or cremation Monticello, Mo.

18. (a) Signature of funeral director H. Tegeman
(b) Address K.E. Mo.
19. (a) 7-9-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 Day 8 Year 1943
hour minute M.

21. I hereby certify that I attended the deceased from Deputy Coroner
that I last saw him 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture

Due to Street Car Trauma

Other conditions 17128
(Include pregnancy within 3 months of death)

Major findings: Of operations 31
Of autopsy See Above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 123
(b) Date of occurrence July 8, 1943
(c) Where did injury occur? Jackson City Jackson Mo
(d) Did injury occur in or about home, on farm, in industrial place (in public place?)

23. Signature M. E. Cooper (M. D. or other) M. D.
Address 2312 M. Way Date signed 7/9/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Francis Walton....., Registered Apprentice No. *2744*
working under my personal supervision.

Signed *J. H. Regeman*.....

Licensed Embalmer No. *2744*.....

P. O. Address *K.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.