

13627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **1883**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **K.C. Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(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 **14 days**
(Specify whether
in this community **24 years**
years, months or days)

3. (a) PRINT

FULL NAME **Jerry Martin Dawson**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **487-07-0178**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Carrie** 6. (c) Age of husband or wife if alive **unk.** years
7. Birth date of deceased **May 10 1962**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 18 hr. min.

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

10. Usual occupation **Car Operator**

11. Industry or business **K.C. Public Service Co.**

MOTHER FATHER { 12. Name **George Dawson**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Bessie Graves**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carrie Dawson**

(b) Address **2135 Summit**

17. (a) **Burial** (b) Date thereof **5-1-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **Steinbacher**

(b) Address **Mo.**

19. (a) **5-1-44** (b) **N. C. 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. **2135 Summit**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **15** year **1944** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw h **Deputy Coroner**
and that death occurred on the date and hour stated above.

Immediate cause of death **While Coronary Insufficiency**
Due to **Advanced Coronary Sclerosis**

Due to **Hypertrophy of heart**
Other conditions **Fracture Rt Femur**
(Include pregnancy within 3 months of death)

Major findings: **1860/35**
Of operations _____
Of autopsy **See Above.**
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) **Accident 123**
(b) Date of occurrence **April 15, 1944**
(c) Where did injury occur? **Kansas City Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **No** (Specify type of place)
(e) Means of injury **Fall**
23. Signature **A. E. Upsher** (M. D. or other)
Address **231 Meloy** Date signed **5/1/44**

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

Signed.....

Licensed Embalmer No. 3930

P. O. Address Wash. D.C.

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.