

FILED AUG 25 1944

Registration District No.

Primary Registration District No.

2001

391

1. PLACE OF DEATH:

(a) County JASPER  
(b) City or town JOPLIN  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: GENERAL HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Hour  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME ELMER DALE 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 Infant  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Aug 8 5 1944  
(Month) (Day) (Year)

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

9. Birthplace Guapau, Okla 1  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Norton E. Dawson  
13. Birthplace Greece Kans.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary J. Bailey  
15. Birthplace Lake Spring Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Norton E. Dawson

(b) Address Guapau, Okla

17. (a) Miami Cemetery (b) Date thereof 8 8 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami Cemetery

18. (a) Signature of funeral director Dr. Kane (Hawey)

(b) Address Baxter Springs, Kans

19. (a) 8-8-44 (b) Glitchel Paul Kautz  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla (b) County Ottawa 999  
(c) City or town Guapau  
(If outside city or town limits, write "RURAL") 34  
(d) Street No.....  
(If rural, give location) 0  
(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 7  
year 44 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 5 1944 to 8, 7, 1944  
that I last saw him alive on 8, 7, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure Duration  
Enlarged Thyroid

Due to.....  
Due to.....

Other conditions.....  
(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?

(Specify type of place)  
While at work? (e) Means of injury.....

23. Signature L. B. Packard (M. D. or other) DO

Address Baxter Springs, Kans Date signed 8, 7, 44

44-8-662

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 L. E. Thomas, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

L. E. Thomas

Licensed Embalmer No.

878

P. O. Address

Boxter Springs, Kan

**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.**