

FILED SEP 28 1944

Registration District No.

Primary Registration District No. 1000

Registrar's No. 947

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(c) Name of hospital or institution: Missouri Methodist Hospital
(d) Length of stay: In hospital or institution. 2 hours, 0
In this community 2 hours, years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas, (b) County Doniphan
(c) City or town Sparks
(d) Street No.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Fred Marion Dawson,

3. (b) If veteran, name war World War #1
3. (c) Social Security No. 513-10-4829

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thalia Dawson
6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased. September 18 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	0	1	hr. min.

9. Birthplace. Sparks Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation. cafe operator

11. Industry or business

12. Name. Perry Dawson

13. Birthplace. Oregon Missouri
(City, town, or county) (State or foreign country)

14. Maiden name. Hattie Leach

15. Birthplace. Oregon Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. M. Dawson
(b) Address Sparks, Kansas

17. (a) removal (b) Date thereof. 9/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparks, Kansas
18. (a) Signature of funeral director

(b) Address 319 So. 10th
19. (a) Sep. 19, 1944 (b) Signature of Registrar
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 19th, year 1944, hour 11:45 minute A.M.

21. I hereby certify that I attended the deceased from on Sept 19th 1944, to, 19; that I last saw him alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death. Acute congestive heart failure
Due to Edema of the lungs
Due to Chronic myo-carditis

Other conditions. Man took sick at his home in Sparks
Major findings: Kansas, was brought to the Missouri Methodist Hospital
Of autopsy: No; in St Joseph and died soon after admittance

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature H. F. Mundy, Coroner
Address 404 So 3rd, etc. Date signed 9/19/44

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

NOV 9 1944

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 *W. A. [Signature]*
Licensed Embalmer No. 1710
P. O. Address St. Joseph 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.