

FILED NOV 14 1944

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

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:
1035 Westover Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community 97 years,
years, months or days)

3. (a) PRINT FULL NAME Miss Annie E. Dawson

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single,
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased January 16 1846
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
98 9 16 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name James Dawson
13. Birthplace unknown, (City, town, or county) (State or foreign country)
14. Maiden name Mary Garrett,
15. Birthplace Unknown, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James D. Richardson,
(b) Address 1035 Westover Road, Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-3-44
(Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Missouri

18. (a) Signature of funeral director Stire & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 11-3-44 (Date received local registrar) (b) D. E. Brown (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. 1035 Westover Road,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd
year 1944 hour 1:00 minute P. M.
21. I hereby certify that I attended the deceased from Oct 30 1944
Oct 30 1944, to Nov 2 1944,
that I last saw her alive on Nov 1 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 24 hrs
Due to Fracture of left hip 48 hrs.

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 186a-5
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) Accident 123
(b) Date of occurrence Oct. 30 - 44
(c) Where did injury occur? 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?
at home

(Specify type of place)
While at work? no (e) Means of injury fall

23. Signature Ralph H. Miller M.D. (M. D. or other)
Address 315 Alameda Road Date signed 11/3/44

Dr. Ralph Major

00
6
44
(#)

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

E. M. Plank

Licensed Embalmer No. *1848*

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.