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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22890

FILED JUL 17 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2811

1. PLACE OF DEATH Hospital
(a) County Jackson
(b) City or town Kansas City, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital #2 (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 7-1-45 to 7-4-45 (Specify whether
In this community 14 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No. 2401 Campbell (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME WILLIAM BRAZIER Dawson
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) 1896 (Year)

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) unknown (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Alford Dawson
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Winnie ~~Brazier~~ Jones
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Records Clerk
(b) Address General Hospital #2
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington Mo
18. (a) Signature of funeral director Green & Sons
(b) Address Lexington, Mo
19. (a) 7-5-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1945 hour 2:25 minute a.m. M.
21. I hereby certify that I attended the deceased from July 1, 1945, to July 4, 1945; that I last saw him alive on July 1, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Vascular Accident	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death) 83 a	

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 0
23. Signature G. C. Sherwood (M. D. or other)
Address Gen. Hosp. #2 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Nine Mile Rd

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.