

FILED APR 10 1946

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1408**

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
(Specify whether
In this community **30 yrs**
years, months or days)

3. (a) PRINT FULL NAME **Ella Dawson**

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

4. Sex **Fe** 5. Color or race **white** 6. (a) **Single**, widowed, married, divorced
6. (b) Name of husband or wife **Wm. Dawson** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **Feb - 2 1870**
(Month) (Day) (Year)

8. AGE: Years **76** Months **1** Days **22** If less than one day hr. **1** min.

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

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER
12. Name **Catherine**
13. Birthplace **no record**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Marie**
15. Birthplace **no record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Oscar Dawson**
(b) Address **1022 Chestnut**
17. (a) **Burial** (b) Date thereof **Mar. 26-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethel Kans**

18. (a) Signature of funeral director **Mrs. C. R. Farns**
(b) Address **718 Brooklyn**

19. (a) **3-25-46** (b) **Gertrude Holmes**
(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. **1315 Troost**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **24**
year **1946** hour **7** minute **15** A. M.

21. I hereby certify that I attended the deceased from **March 21**, 19 **46** to **March 24**, 19 **46**
that I last saw her alive on **March 24**, 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Primary atypical pneumonia**
Bronchial

Due to

Other conditions **107**
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **See above**

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?

While at work? (Specify type of place) (c) Means of injury **W**

23. Signature **Wm. W. Hain** (M. D. or other)
Address **Med. Dir. Gen'l Hosp.** Date signed **3-25-46**

Dr. Buckner

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 *C. N. Niece*.....

Licensed Embalmer No. *2570*.....

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.