

FILED AUG 5 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3181

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:
3735 VIRGINIA AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 YEARS years, months or days)

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. 3735 VIRGINIA AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLIE MARION DAWSON

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MRS. MARTHA ALICE DAWSON 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 15 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 4 6 hr. min.

9. Birthplace RISING SUN IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business FARMER

12. Name WILLIAM DAWSON

13. Birthplace POLK COUNTY IOWA
(City, town, or county) (State or foreign country)

14. Maiden name ELIZA UNKNOWN

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

16. (a) Informant MRS. H. S. KNOWLES

(b) Address 3735 VIRGINIA AVENUE

17. (a) BURIAL (b) Date thereof JULY 23 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director W. H. Newcomer, Sons

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 7-22-46 (b) Geraldine Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 21 year 1946 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from about 1 month to July 21 1946
that I last saw him alive on July 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilation of heart Duration 24 hrs
Due to General Arterio-sclerosis several years

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations _____ Of autopsy _____
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Frederick A. Baldwin (M. D. or other) M.D.
Address 317 Argyle Bldg Date signed 7/22/46

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

MOTHER FATHER

317 Empire Bldg

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 Carl Papp
Licensed Embalmer No. 3458
P. O. Address KC 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.