. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 29 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38092

Registrar's No. 4899

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: 1600 WEST 37TH STREET (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - - (Specify whether years, months or days)
In this community: 37 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL") 3
(d) Street No.: 1600 WEST 37TH STREET (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - - - - - 11

3. (a) PRINT FULL NAME: MRS. ROSAMOND Z DAWSON
3. (b) If veteran, name war: No
3. (c) Social Security No.: 492-18-3770

4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband ~~or wife~~: MR. LOUIS A. DAWSON
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: JANUARY 5 1905 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
42	10	15	hr. min.

9. Birthplace: CLARINDA (City, town, or county) IOWA (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business: - - -

MOTHER FATHER
12. Name: EUGENE W. GREGORY
13. Birthplace: CRAIG (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name: CORA H. BUNN
15. Birthplace: CRAIG (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant: MR. LOUIS A. DAWSON
(b) Address: 1600 WEST 37TH STREET
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: NOV 22 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Memorial Park
18. (a) Signature of funeral director: D. W. Newcomer Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 11-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 20TH year 1947 hour 10 minute 40 A.M.
21. I hereby certify that I attended the deceased from Nov. 14, 1947, to Nov. 20, 1947 that I last saw her alive on Nov. 19, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	6 weeks
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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: Joel Parker Jr. (M. D.)
Address: 3000 Baltimore Date signed: 11-21-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

4000 Wallinder

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.