

FILED NOV 22 1947
Registration District No. 2001

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County... Jasper
(b) City or town... Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Abe Dawson

3. (b) If veteran, name war... World War I
3. (c) Social Security No. 486-24-6291

4. Sex M color or race B
5. Color or race B
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife... no record
6. (c) Age of husband or wife if alive... 17 years
7. Birth date of deceased... September 17 1892 (Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 29 If less than one day hr. min.

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

10. Usual occupation... Porter, Barber Shop.

11. Industry or business...

12. Name... Arch Dawson

13. Birthplace... Texas (City, town, or county) (State or foreign country)

14. Maiden name... Anna Davis

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

16. (a) Informant... Family Records

(b) Address...

17. (a) Removal (b) Date thereof 9-16-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Oswego Kansas

18. (a) Signature of funeral director... Hurlbut Und. Co.

(b) Address... Joplin Mo.

19. (a) 9-30-47 (b) Address... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jasper
(c) City or town... Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 211 South Galena (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1946 hour 18 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 10 1947 to Sept 2 1947 that last saw him alive on Sept 2 1947 and that death occurred on the date and hour stated above.

Immediate cause of death... Cardiac decompensation 3 hrs.

Due to... Status asthmaticus 6 wks

Due to... Bronchial asthma 10 yrs

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

Major findings: Of operations...

Of autopsy... 112

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? (Specify type of place)

Signature... (M. D. or other) 112

Address... Date signed 9-16-47

23. Signature... (M. D. or other) 112

Address... Date signed 9-16-47

24. Signature... (M. D. or other) 112

Address... Date signed 9-16-47

25. Signature... (M. D. or other) 112

Address... Date signed 9-16-47

26. Signature... (M. D. or other) 112

Address... Date signed 9-16-47

27. Signature... (M. D. or other) 112

Address... Date signed 9-16-47

28. Signature... (M. D. or other) 112

Address... Date signed 9-16-47

29. Signature... (M. D. or other) 112

Address... Date signed 9-16-47

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

NOV 24 1947

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 _____

working under my personal supervision. _____
Registered Apprentice No. _____

Signed

Licensed Embalmer No. 959

P. O. Address

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.