

No. 2
-1/47
5-17-39

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

FEDERAL BUREAU OF VITAL STATISTICS

National Office of Vital Statistics

FILED JAN 13 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41630**
Registrar's No. **5476**

Registration District No. **149**

Primary Registration District No. **1002**

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: **2028 Vine St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **10 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Elizabeth Dawson

3. (b) If veteran, name war **no**

3. (c) Social Security No. **No**

4. Sex **Fe** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Richard Dawson** 6. (c) Age of husband or wife if alive **Deceased**
7. Birth date of deceased **Feb. 10 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 26 16 hr. min.

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

10. Usual occupation **Unemployed**

11. Industry or business

12. Name **William Maxey**
13. Birthplace **Washington Co. Texas**
(City, town, or county) (State or foreign country)
14. Maiden name **Fattie**
15. Birthplace **Washington Co. Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carroll Davis**
(b) Address **2028 Vine St.**
17. (a) **Burial** (b) Date thereof **Dec 30 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lincoln Cem.**

18. (a) Signature of funeral director **Adkins Bros.**
(b) Address **2000 E. 12th St. Mo.**
19. (a) **12-29-47** (b) **Sheldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2028 Vine St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **26**
year **1947** hour **2** minute **40 P.** M.

21. I hereby certify that I attended the deceased from **Dec. 25th 1947** to **Dec 26th 1947**
that I last saw her alive on **Dec. 26th 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage from bowel** Duration **24 hrs**

Due to **Carcinoma of intestine** Sex **month**

Due to

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

Major findings: **462**
Of operations.

Of autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No**
(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 **-----**

23. Signature **Dr. E. J. Walker** (M. D. or other) **0**
Address **1820 Vine St. Mo.** Date signed **12/27/47**

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 A. T. Mone

Licensed Embalmer No. 948

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.