

FILED FEB 3 1948
Registration District No. **149**

Primary Registration District No. **1002**

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

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 **1414 Highland**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **21 yrs** (Specify whether years, months or days)

In this community **21 yrs**

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. **1414 Highland**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **MARTHA DAWSON**

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

3. (c) Social Security No. **487-12-5844**

4. Sex **fe** 5. Color or race **negro**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Anderson Dawson**

6. (c) Age of husband or wife if alive **1889** years (Day) (Year)

7. Birth date of deceased **Jan 1 1889** (Month) (Day) (Year)

8. AGE: Years **59** Months **0** Days **12** If less than one day hr. min.

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

10. Usual occupation **Laundry worker**

MOTHER FATHER

11. Industry or business **Unknown**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Chester H. Brown**

(b) Address **207 Windsor St. St. Louis MO**

17. (a) **burial** (b) Date thereof **1-19-48** (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cem**

18. (a) Signature of funeral director **Steeley Hills**

(b) Address **21 Lane St. MO**

19. (a) **1-19-48** (Date received local registrar)

(b) **Sheraldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **13** year **1948** hour **6** minute **25 P.** M.

21. I hereby certify that I attended the deceased from **Deputy - Coroner** to **Coroner** that I last saw **alive on** **19** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure**

Due to **Hypertensive Heart Disease**

Other conditions (Include pregnancy within 3 months of death) **93d**

Major findings: Of operations **93d**

Of autopsy **No - Permit**

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 **W.I.**

23. Signature **H. Williams** (M. D. or other) **W.I.**

Address **2636 - Brooklyn** date signed **1-16-48**

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

E. Sterling Bills

Licensed Embalmer No.

3178

P. O. Address

1212 Vine St. N.C.

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.