

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26871
Registrar's No. 3563

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|--|-------------------------------|--|---|--|---|---|---|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>3563</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 33 years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | d. STREET ADDRESS (If rural, give location) 5738 Michigan Avenue | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital | | | | d. STREET ADDRESS (If rural, give location) 5738 Michigan Avenue | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Hannah | | | b. (Middle) M. | | c. (Last) DAWSON | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 17, 1949 | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 12/9/1892 | | 9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Month 8 Day 3 | IF UNDER 1 HR. Hour Min. | | | | | | | | | | | | | | | | | | | | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Power Machine Operator | | 10b. KIND OF BUSINESS OR INDUSTRY Wholesale Mercantile | | 11. BIRTHPLACE (State or foreign country) Ireland | | 12. CITIZEN OF WHAT COUNTRY? USA | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13a. FATHER'S NAME John Humphrey | | | 13b. MOTHER'S MAIDEN NAME Mary Harrington | | 14. NAME OF HUSBAND OR WIFE Clinton F. Dawson | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 495-03-3496 | | 17. INFORMANT'S SIGNATURE OR NAME Clinton F. Dawson | | | ADDRESS same | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="4">I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism</td> <td colspan="4">INTERVAL BETWEEN ONSET AND DEATH</td> </tr> <tr> <td colspan="4"> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis of Pelvic Veins DUE TO (c) Toxic Hepatitis </td> <td colspan="4"></td> </tr> <tr> <td colspan="4">II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</td> <td colspan="4"></td> </tr> </table> | | | | | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism | | | | INTERVAL BETWEEN ONSET AND DEATH | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis of Pelvic Veins DUE TO (c) Toxic Hepatitis | | | | | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4666+ | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. I hereby certify that I attended the deceased from alive on _____, 19____, to _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23a. SIGNATURE Russell W. K... Russell W. K... | | | | 23b. ADDRESS St. Joseph Hospital | | 23c. DATE SIGNED 17 Aug 49 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 8/22/49 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE REC'D BY LOCAL REG. 8-18-49 | | REGISTRAR'S SIGNATURE Sheraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE Melody McGilley-Eylar | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | ADDRESS Funeral Home KCMo | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 26 1949

STATEMENT BY LICENSED EMBALMER

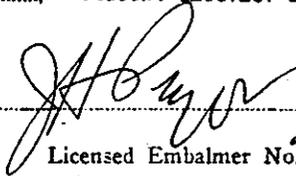
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. _____

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.