

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

21500

Do not use this space.

1. PLACE OF DEATH

(a) County Cape
 (b) Township Cape
 (c) City Cape Girardeau, Mo.
 (e) Length of residence in city or town where death occurred

Registration District No. 125Primary Registration District No. 3009(d) Street No. Southeast Missouri Hosp. Registered No. 160 St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds. 2 5 02. PRINT FULL NAME Clarence O Dawson(a) Residence, No. 315 North End Blvd. St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Kate Vancel
 (OR) WIFE OF 3-20-1876

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9th 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 2 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Prop. Dawson Adv. Service
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Don't Know
 (STATE OR COUNTRY) West Virginia

13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) Don't Know
 (STATE OR COUNTRY)

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) Don't Know
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Clarence O Dawson
 (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cem. DATE June 11, 1938

19. FUNERAL DIRECTOR (NAME) Haman's Funeral Home
 (ADDRESS) Cape Girardeau, Mo.

20. FILED 6-9-38 J. M. Thompson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9th 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cerebral Anemia
Chr Myocarditis
Chr Nephritis
Hypertension

Other contributory causes of importance:

Chr Nephritis
Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. B. Grand, M. D.(Address) Cape Girardeau, Mo.

In. Eng.

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, ...

Hammann Funeral Home, or by

Registered Apprentice No. *1*, working under my personal supervision.

Signed *L. G. Hammann*

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau 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, above space should be left blank.