

1939 OCT 16

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33349
Do not use this space.

1. PLACE OF DEATH

(a) County Reynolds 2 Registration District No. 748
(b) Township 1 Primary Registration District No. 5982
(c) City (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dawson

(a) Residence, No. 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/27-39
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8 0 0 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Marvin Paul Dawson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Davis Helwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Marvin Paul Dawson

18. BURIAL, CREMATION, OR REMOVAL PLACE Pogue Cemetery DATE Sept 27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Essie Evans

20. FILED Sept 27 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1939

22. I HEREBY CERTIFY, That I attended deceased from at death to 19. I last saw him 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:

Still born, cause undetermined Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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

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

If so, specify

(Signed) M. D.

(Address)

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.

WHILE CAREFUL WITH WRITING INSTRUMENTS IS A PERMANENT RECORD

I X14203

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.

RECEIVED

District Health Officer No. 5,

Signed.....

District File Number 1039216

Licensed Embalmer No.....

Date Filed 10/10/39

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, above space should be left blank.