

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 21 1939
88

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35631
Registrar's No. 32

Registration District No. 88

Primary Registration District No. 5130

1. PLACE OF DEATH:

- (a) County Butler Neely
(b) City or town Naylor - mo
(c) Name of hospital or institution: ✓

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

- (d) Length of stay: In hospital or institution ✓ (Specify whether

In this community.
years, months or days) ✓

3. (a) PRINT FULL NAME Cleatus Lane Dawson

8. (b) If veteran, ✓ name war. 8. (c) Social Security No. ✓

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if

7. Birth date of deceased Aug 4 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 hr. 20 min.

9. Birthplace Naylor Mo
(City, town, or county) (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

12. Name Wayne Dawson

13. Birthplace Pocahontas Ark
(City, town, or county) (State or foreign country)

14. Maiden name Orlene Adams

15. Birthplace Success Ark
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wayne Dawson

(b) Address Neelyville Mo

17. (a) Burial (b) Date thereof 8-6-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Naylor - mo

18. (a) Signature of funeral director Minnie Gish

(b) Address Naylor - mo

19. Nov-1st-39 E. Loautenfelt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Butler

(c) City or town Neely
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ (If rural, give location)

(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-4 day 4
year 1939 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-4-1939
to 8-4, 1939 to 8-4, 1939
that I last saw him alive on 8-4, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death The Cause of his death is Dementia
Duration

Due to ✓

Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations ✓

Of autopsy no

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? ✓

While at work ✓ (Specify type of place) (e) Means of injury ✓

23. Signature A. E. White (M. D. or other)

Address Naylor Mo Date signed 8-4

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 _____

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, above space should be left blank.