

JAN 13 1940

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

43541  
Do not use this space.

1. PLACE OF DEATH

(a) County Haskell Registration District No. 383  
(b) Township Hessley Primary Registration District No. 3534 Registered No. \_\_\_\_\_  
(c) City Intervenor Mo. (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

(a) Residence, No. 250 Williams Henry Dawson St. Intervenor Mo. (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M  
4. COLOR OR RACE W  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Dawson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 - 1856  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
83 4 28  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) (STATE OR COUNTRY) Illinois

13. NAME Henry Dawson

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

15. MAIDEN NAME Martha Eggle

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

17. INFORMANT (NAME) (ADDRESS) Virginia Dawson  
Intervenor Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Intervenor Mo. DATE Dec 23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John J. Amann  
Intervenor Mo.

20. FILED 1-6 1940 J. W. Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-1-39 to 12-19-39  
I last saw h. live on 12-17-39. Death is said to have occurred on the date stated above, at 3 P m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset 2-1-39  
Senility  
Other contributory causes of importance: \_\_\_\_\_

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_ M. D.  
(Signed) C. R. Terrell  
Intervenor Mo. (Address) 343

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
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.

I X14023

**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 Dec 19 39

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

**RECEIVED**

District Health Officer No. 5,

District File Number 140 115

Date Filed 11280

Signed..... John J. Spencer  
Licensed Embalmer No. 2576  
P. O. Address Mt. Vernon 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.