

FILED FEB 15 1940

Registration District No. 58

Primary Registration District No. 3004 5074

Registrar's No. 7

1. PLACE OF DEATH:

- (a) County BATES
(b) City or town Butler Mo - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: not clear at top of page
(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) 5-5-40

3. (a) PRINT FULL NAME CURTIS EZRA DAWSON

3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

4. Sex MALE 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mr and Mrs Dawson
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Nov 11 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 2nd Days 10 If less than one day
hr. _____ min. _____

9. Birthplace Blair Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Dawson
13. Birthplace Don't know
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harvey Dawson
(b) Address Butler Mo R F D
17. (a) Burial (b) Date thereof Jan 23 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walc Hill

18. (a) Signature of funeral director Culver
(b) Address Butler Mo
19. (a) Jan 23 1940 (b) Nina E Culver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County BATES
(c) City or town Butler Mo - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Butler R.F.D 1 mile north of Butler
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 21
year 1940 hour _____ minute AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

- Immediate cause of death CORONARY THROMBOSIS
(Died in his barn-at home)
Due to _____
Due to _____

- Other conditions _____
(Include pregnancy within 3 months of death)

- Major findings:
Of operations _____

- Of autopsy _____

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)
(a) Means of injury _____

23. Signature Rejith Smith M.D. (M. D. certificate)
Address Rich Hill Mo Date signed 1/21/40

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically

RECEIVED
District Health Officer No. 7,
District File Number 2-40-243
Date Filed 2-13-40

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 R. Denton Lisle
Licensed Embalmer No. 4123
P. O. Address Butler, 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.