

MAY 1940

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

14478

Do not use this space.

1. PLACE OF DEATH
(a) County Callaway Registration District No. 104
(b) Township Fulton Primary Registration District No. 3088 Registered No. _____
(c) City Fulton (d) Street No. Mo. State Cancer Hospital 101 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FRANCES DAWSON
(a) Residence, No. Paris, Mo. Route # 2 St. ☐ (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 F 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 George Dawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>58</u>	<u>1</u>	<u>21</u>		

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. L

10. Date deceased last worked at this occupation (month and year) 1940

11. Total time (years) spent in this occupation 1

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

FATHER

13. NAME OK

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

MOTHER

15. MAIDEN NAME OK

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

17. INFORMANT (ADDRESS) Deceased to Ida Hagen
State Cancer Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE near Paris DATE 4/9

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Speed & Bloking

20. FILED April 8, 1940 R. N. Crews
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1939, to April 7, 1940
I last saw her alive on April 7, 1940 Death is said to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:
Lymphosarcoma of liver (metastatic) Date of onset 12-25-39
Primary eradicated - subcapsular 7-7-39
Biliary obstruction 1-2 mos.

Other contributory causes of importance: 5'6"

Name of operation Ectcision subcapsular tumor Date of 9-5-39
What test confirmed diagnosis? Biopsy 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 _____
(Signed) Engene M. Bricker M. D.
(Address) Fulton, Mo.

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.

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.