

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16238  
Registrar's No. 21

Registration District No. 810

Primary Registration District No. 6055

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scotland  
(b) City or town Aural - Jefferson  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scotland  
(c) City or town \_\_\_\_\_  
(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 Feb day 20  
year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 1st. 1930 to Feb 19th 1940;  
that I last saw her alive on Feb 19th. 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Bronchitis  
Senile Debility.

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?  
1725

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature E. E. Parrish (M. D. or other) \_\_\_\_\_

Address Memphis, Mo. Date signed 4-30-4

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Julia A. Dawson

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

4. Sex Female 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 Mar 18 1852  
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 2 If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name William Dawson

13. Birthplace Henderson Co Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Priscilla Patterson

15. Birthplace Henderson Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant John Morrison

(b) Address Memphis Mo

17. (a) Burial (b) Date thereof Feb 23 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dawson Cemetery

18. (a) Signature of funeral director Beitho Baskett

(b) Address Memphis Mo

19. (a) 4-30-40 (b) E. E. Parrish  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 5-40-1035

Date Filed MAY 14 1940

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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 Albert C Gerth

Licensed Embalmer No. 3189

P. O. Address Memphis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.