No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17746

Registration District No. 4 Primary Registration District No. 3001 Registrar's No. 132

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days) In this community: Nine Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville (If outside city or town limits, write "RURAL")
(d) Street No.: 414 S Osteopathy (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: Mary Elizabeth Dawkins
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: Married
6. (b) Name of husband or wife: J. M. Dawkins
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: Dec. 25, 1879 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	5	6	____ hr. ____ min.

9. Birthplace: Schyler County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Housekeeping

FATHER
12. Name: Oren Slaughter
13. Birthplace: Farmington (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name: Keziah Jane Foster
15. Birthplace: DK (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: G. E. Dawkins
(b) Address: Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 2, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Queen City Cemetery
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Kirksville, Mo.
19. (a) June 2/40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 1 day 1st. year 1940 hour 8 minute 15 a. M.
21. I hereby certify that I attended the deceased from May 1, 1940 to June 1, 1940 that I last saw her alive on June 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic lymphatic leukemia — Duration
Due to: unknown cause.
Due to:
Other conditions (Include pregnancy within 3 months of death): N. P.
Major findings: Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Spencer L. Freeman (M. D. or other) M.D.
Address: Kirksville, Mo. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-40-1284
Date Filed JUN 13 1940

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 Harold K Hugal

Licensed Embalmer No. 4076

P. O. Address Kirksville, M

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

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