

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33316**

Registration District No. **839**

Primary Registration District No. **6101**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County **Stoddard**
(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dexter RFD #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
(Specify whether years, months or days)
In this community **15 years**

8. (a) PRINT FULL NAME **Ethel Vieth 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 **Married**

6. (b) Name of husband or wife **Russell Dawson** 6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **May 2 1911**
(Month) (Day) (Year)

8. AGE: Years **29** Months **4** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **Hamburg** **Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business _____

12. Name **George W. Vieth**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Lyla Mober**

15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Russell Dawson**

(b) Address **Dexter, Mo.**

17. (a) **Burial** (b) Date thereof **9-6-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dexter Cemetery**

18. (a) Signature of funeral director **Blankenship-Strickland**

(b) Address **Dexter, Mo.**

19. (a) **9-5-40** (b) **J. P. Brandon**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Dexter RFD #4**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **3**
year **1940** hour **9** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Sept. 1, 1940** to **Sept. 3, 1940**
that I last saw him alive on **Sept. 3, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis**
Heart Lesion

Due to **Heart Lesion**
He was dead when I arrived.

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations _____

Of autopsy **No**

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? **No**

While at work? **No** (Specify type of place) _____

(e) Means of injury _____

23. Signature **J. P. Brandon** (M. D. or other) _____

Address **Dexter, Mo.** Date signed **9-4-40**

RECEIVED

District Health Officer No. 2,

District File Number 1040-149

Date Filed 10/1/40

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

J. E. Strickland, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.