No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7350

State File No.

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 31

1
2
2

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg
(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)
In this community 82 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Warrensburg 51
(If outside city or town limits, write "RURAL") 2

(d) Street No. 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME John Wade Dawson

8. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Betty Dawson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 15 (Day) 1855 (Year)

8. AGE: Years 85 Months 6 Days 4 If less than one day hr. min.

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

10. Usual occupation Retired Farmer.

11. Industry or business

MOTHER FATHER

12. Name Elza Wade Dawson

13. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)

14. Maiden name Martha Jane Oglesby

15. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mrs. Milton Dawson

(b) Address Pettis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Brethern Cem.

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg, Mo.

19. (a) Feb 22-41 (Date received local registrar) (b) Bobbie Kenley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1941 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from Oct 14, 1940, to Feb 19, 1941;
that I last saw him alive on Feb 19, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of stomach	4 yrs
Due to: Chronic Gastro enteritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
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 C. E. Johnson M.D. (M. D. or other) 1

Address Warrensburg Mo Date signed 2/20/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-5-41

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 R. A. Phillips, Registered Apprentice No. _____ working under my personal supervision.

Signed R. A. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrenburg

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

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