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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15537

Registration District No. 187 Primary Registration District No. 687 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) ~~City or town~~ Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO- (b) County Pike
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Near Eolia (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harret Dawson
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race Black
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband ~~or wife~~ Hildrey Dawson
6. (c) Age of husband ~~or wife~~ if alive 78 years
7. Birth date of deceased July 28 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	8	14	hr. min.

9. Birthplace Pike Co- (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name Dan Grimes
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Americus Hughs
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Noble Nickles
(b) Address Eolia Mo.
17. (a) [illegible] (burial, cremation, or removal) (b) Date thereof Apr-13-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Air Cemetry
18. (a) Signature of funeral director Gooch Hdwe Co
(b) Address Eolia Mo.
19. (a) Apr 12-1941 (Date received local registrar) (b) B. M. Gooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th year 1941 hour 1 AM minute — M.
21. I hereby certify that I attended the deceased from 1935 to April 1941;
that I last saw h~~er~~ alive on Apr 8th 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prostration	
Due to Diabetis mellitus	10 yrs
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. L. Banks head (M.D. ~~or other~~)
Address Paynesville Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-41-868
Date Filed MAY 8 1941

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 Norman E Gooch

Licensed Embalmer No. 2342

P. O. Address Eolia - Mo

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

If this body is not embalmed, fact should be so stated above.