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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27709

Registration District No. 26 — Primary Registration District No. 3002 — Registrar's No. 136

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 613 E. Greely Mexico Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 38 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico (If outside city or town limits, write "RURAL")

(d) Street No. 613 E. Greely (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes name country .....

3. (a) PRINT FULL NAME MINNIE MAE DAWSON

3. (b) If veteran, name war .....

3. (c) Social Security No. none

4. Sex Female

5. Color or race Negro

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

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

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

7. Birth date of deceased June (Month) 22 (Day) 1903 (Year)

8. AGE: Years 38 Months 1 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation Domestic

11. Industry or business .....

FATHER
12. Name Robert Baker
13. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Alice Baker
15. Birthplace Danville (City, town, or county) Mo (State or foreign country)

16. (a) Informant Ida Lee Johnson

(b) Address 901 S Tarinty

17. (a) [redacted] (Burial) (b) Date thereof 8 (Month) 14 (Day) 41 (Year)

(c) Place: burial or cremation Mexico Mo

18. (a) Signature of funeral director Price Alexander

(b) Address 101 N. Western Mexico Mo

19. (a) Aug 14-41 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 12 year 1941 hour 4 minute 0 P.M.

21. I hereby certify that I attended the deceased from Aug 10, 1941, to Aug 12, 1941 that I last saw her alive on Aug 12, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis & myocardial	3 yrs.
Due to degeneration	
Due to	
Other conditions Fibroid uterus (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations 93d
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 K E Maneval (M. D. or other) MD

Address Mexico, Mo Date signed 8/13/41

23 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-41-1682
Date Filed SEP 16 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 me Price Alexander, Registered Apprentice No. ..... working under my personal supervision.

Signed Price Alexander

Licensed Embalmer No. 7572

P. O. Address Memphis Tenn

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, fact should be so stated above.