

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2001

Registration District No. 140

Primary Registration District No. 4113

Registrar's No. 35

1. PLACE OF DEATH

(a) County Clark  
(b) City or town Kahoka  
(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  
years, months or days

3. (a) PRINT FULL NAME Emma May Dawson

8. (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 John M. Dawson 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 14 - 1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 17 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

12. Name Dr. A. S. Fineman

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

14. Maiden name Amanda Roseberry

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

16. (a) Informant Norace T. Dawson

(b) Address Jefferson City Mo.

17. (a) Buried (b) Date thereof Dec 3 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka Co.

18. (a) Signature of funeral director Jefferson City Mo.

(b) Address Kahoka Mo.

19. (a) 12-3-41 (b) J. H. Bridges  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28  
year 41 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 19 31, 1941, to Dec 28, 1941;  
that I last saw him alive on 12 - 28, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage  
Hypertension

Due to Heart failure

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 830

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature S. H. Channing (M. D. or other) MD

Address Kahoka Mo. Date signed 12-3-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 1-42-125

Date Filed JAN 27 1942

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 Otis L. Lutting

Licensed Embalmer No. 2965

P. O. Address Dayton, 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.