. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11270

Registration District No. 527 Primary Registration District No. 5703 Registrar's No. 34

1. PLACE OF DEATH:

(a) County MACON

(b) City or town BEVIER Tim
(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 56 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MACON 061

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

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

(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME MOSES GRANT DAWSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MINNIE A. DAWSON

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept (Month) 29 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
74	6	1	✓ hr. ✓ min.

9. Birthplace ✓ (City, town, or county) OHIO (State or foreign country)

10. Usual occupation LABORER

11. Industry or business RAILROAD - C.B.+Q

FATHER
12. Name MOSES DAWSON
13. Birthplace ✓ (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mr. Ralph Dawson
(b) Address Bevier, Missouri

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation WOAKWOOD CEMETARY

18. (a) Signature of funeral director W. G. Edward
(b) Address Bevier Mo.

19. (a) 4/6/42 (Date received local registrar) (b) Mrs Tom Bott (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 30
year 1942 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to March 30, 1942
that I last saw him alive on March 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocardial Failure	30 days
Due to Bronchiectasis	✓
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

930

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 R. L. Dunden (M.D. or other)
Address Callao, Mo. Date signed 3/31/42

1052 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-10-858
Date Filed APR 15 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 B. J. Edwards

Licensed Embalmer No. 1961

P. O. Address Bowles 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, fact should be so stated above.