

FILED APR 15 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11814

Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 763
(b) Township Butter- Primary Registration District No. 4458 Registered No. 9
(c) City Lowry City Mo (d) Street No. 1 93 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 51 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 66 yrs. 0 mos. ds.

2. PRINT FULL NAME Elizabeth Ester Dawson

(a) Residence, No. Lowry City, St. Clair Co. Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - W. H. Dawson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
78 6 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Dornbrossen 5
(STATE OR COUNTRY) Canton Neuchâtel Switzerland

13. NAME Jacobs Widmar

14. BIRTHPLACE (CITY OR TOWN) Berne 5
(STATE OR COUNTRY) Canton Switzerland

15. MAIDEN NAME Anna Widmar

16. BIRTHPLACE (CITY OR TOWN) Berne 5
(STATE OR COUNTRY) Canton Switzerland

17. INFORMANT E. Dawson
(ADDRESS) Marshall Field, Ft. Riley, Kans.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lowry City Cemetery DATE 3/29/1942

19. FUNERAL DIRECTOR (NAME) H. C. Austin
(ADDRESS) Lowry City Mo

20. FILED 3/31/1942 Wingie Foster
Deputy Focal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/29/1942

22. I HEREBY CERTIFY, That I attended deceased from 3/20/1942 to 3/29/1942
I last saw him alive on 3/28/1942 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:
Coronary sclerosis
93d
Chr. Myocarditis

Other contributory causes of importance:
Chr. Myocarditis

Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. C. Austin M. D.
(Address) Appleton City, Mo

1127 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

District Health Officer No. 7
District No. 4-42-414
Case No. 4-14-42

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 H. G. Austin

Licensed Embalmer No. 3609

P. O. Address Lowry City, 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..