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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 17

FILED MAY 23 1942
Registration District No. 372

Primary Registration District No. 4218

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

1. PLACE OF DEATH:

(a) County. Holt

(b) City or town. Mound City, Mo.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Holt

(c) City or town. Mound City
(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 _____

3. (a) PRINT FULL NAME Sarah Evalyne Dawson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / race white / 5. Color or _____

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

6. (b) Name of husband or wife. John Dawson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. March 28 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 11 _____ hr. _____ min.

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

10. Usual occupation. Housewife

11. Industry or business _____

MOTHER FATHER

12. Name William B. Lovelady

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

14. Maiden name Sarah Thacker

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

16. (a) Informant Ralph Dawson
(b) Address Mound City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/11/42
(Month) (Day) (Year)

(c) Place: burial or cremation. Mt. Hope

18. (a) Signature of funeral director. McCombs

(b) Address Mound City, Mo.

19. (a) 4-11-42 (Date received local registrar) (b) Pauline Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 9 day _____
year 1942 hour 6 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 9 1942 to April 9 1942
that I last saw her alive on April 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Heart Block (Right Side)

Due to _____

Due to _____

Other conditions. 95a
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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? _____

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

23. Signature D. P. Ferris (M. D. or other) _____
Address Mound City, Mo. Date signed _____

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(Licensed Embalmer's Statement on Reverse Side)

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. Crawford

Licensed Embalmer No. *1824*

P. O. Address *Mound 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, fact should be so stated above.