

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1942

Registration District No. 148

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4082

20886

State File No.

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Belltan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 yrs. years, months or days)

3. (a) PRINT FULL NAME DORA BELLE DAWSON

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, I divorced
6. (b) Name of husband or wife Joe Dawson 6. (c) Age of husband or wife if alive 1 years
Birth date of deceased Sept 12 1869 (Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 12 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business ✓

MOTHER FATHER { 12. Name James B. Bailey
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mary Shellen
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Laura Bailey
(b) Address Belltan Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Belltan Mo.

18. (a) Signature of funeral director E. K. Briggs & Sons
(b) Address Belltan Mo.

19. (a) June 28, 1942 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Belltan 8
(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. ✓ 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 10-1-, 1941, to 6-24, 1942
that I last saw her alive on 6-3-, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Intestinal depletion years

Due to 12/0

Due to 12/0

Other conditions Hypertension
(Include pregnancy within 6 months of death) chronic myocarditis

Major findings: Of operations ✓

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 Ada B. Baker (M. D. or other) MD
Address Marion City Mo Date signed 6-24-42

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.....

A. K. Scary

Licensed Embalmer No.

3645

P. O. Address

Grandview, 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.