

36782

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 46

Primary Registration District No. 4066

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Caldwell  
(b) City or town Kingston  
(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 Filleta Dawson

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased October 15 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 0 24 hr. min.

9. Birthplace Hartford Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name David Corbin  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Barbara Armstrong  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Chas. W. Dawson  
(b) Address 1234 N. 1st St. Kingston, Mo.

17. (a) Burial (b) Date thereof 11-11-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingston, Mo.

18. (a) Signature of funeral director Cramer Clark  
(b) Address Kingston, Missouri

19. (a) 11-13-42 (b) Mrs. Vivian R. R. R. R.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell  
(c) City or town Kingston (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1942 hour 11 minute A M.

21. I hereby certify that I attended the deceased from November 1st 1942 to Nov 9 1942  
that I last saw her alive on Nov 9 1942  
and that death occurred on the day and hour stated above.

Immediate cause of death Pharyngeal Myocarditis Duration Unknown

Due to Arterio Sclerosis

Due to Chronic Interstitial Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

131a

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 W. S. Thomas (M. D. or other) M. D.  
Address Kingston Mo Date signed 11-10-42

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

**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.....

*Cramer Clark*

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.**