

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 2000

Registrar's No. 912

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 701 S. Nettleton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 6 months
years, months or days)

3. (a) PRINT FULL NAME Arthur Louis Dawson

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Betty Jean Dawson 6. (c) Age of husband or wife if alive Unknown
7. Birth date of deceased June 25, 1908
(Month) (Day) (Year)

8. AGE: Years 34 Months 5 Days 23 If less than one day
hr. min.

9. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Newspaper Correspondent

11. Industry or business Newspaper

12. Name Arthur Lee Dawson
13. Birthplace Lincoln Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Hallie Buckner
15. Birthplace Ash Grove, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. A. L. Dawson
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 12/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 12/19/42 (b) W. S. Harding
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield,
(If outside city or town limits, write "RURAL")
(d) Street No. 701 S. Nettleton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10/27, 1942 to 12/18, 1942
that I last saw him alive on 12/14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cashon Monoxide poisoning

Due to _____
Due to _____

Other conditions Mania - Depressive psychosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 163 M
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 12/18/42
(c) Where did injury occur? Springfield, Greene Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature W. S. Harding (M. D. or other) M. D.
Address Springfield, Mo. Date signed 12/18/42

(Licensed Embalmer's Statement on Reverse Side)

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

39
2
6

40740

39
2
6

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8 mos

987

11

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.....

E. O. K. or they

Licensed Embalmer No. *1767*

P. O. Address *Springfield, 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.