DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1943

Registration District No. 279

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5957

State File No. 7257

Registrar's No.

1-5-42
5-17-39
X32873

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County 82
(c) City or town 0
(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 0

3. (a) PRINT FULL NAME Pleasant L. Dawson

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Susan

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January (Month) 26 (Day) 1871 (Year)

8. AGE: Years 71 Months 6 Days 21 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Samuel P Dawson
13. Birthplace Va (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah A. Edwards
15. Birthplace Eolia (City, town, or county) Mo (State or foreign country)

16. (a) Informant Susan J. Dawson
(b) Address Eolia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-20-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Louisiana Mo.

18. (a) Signature of funeral director Yosch Hdwe Co
(b) Address Eolia Mo

19. (a) Jan 19-1943 (Date received local registrar) B. M. Yosch (Registrar's signature)

1271

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th year 1943 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan. 8 1937, 19--, to January 17, 1943; that I last saw him alive on Jan. 16, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1 min.
Due to Endocarditis	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

Signature Donald G. Hazard (M. D. or other) D.O.
Address Eolia, Mo. Date signed 1-18-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-43-356
Date Filed FEB 16 1943

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 Norman E. Gooch

Licensed Embalmer No. R342

P. O. Address Eolia-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.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7257

Registration District No. 279 Primary Registration District No. 5957 Registrar's No.

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Eolia
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pike
(c) City or town: Eolia
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Pleasant L. Dawson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: June (Month) 26 (Day) 1871 (Year)
8. AGE: Years 71 Months 6 Days 27 If less than one day hrs. min.
9. Birthplace: (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY