

ED MAY 8 1943 / 39
Registration District No. 139

Primary Registration District No. 5534

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Forest City--Rural
(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 Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Forest City--Rural
(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 David Wiley Dawson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 2 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 9 19 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Dawson
13. Birthplace Ohio
(State or foreign country)
14. Maiden name Caroline Duncan
15. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Dawson
(b) Address Forest City Missouri

17. (a) Burial (b) Date thereof Apr. 23, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest City, Missouri

18. (a) Signature of funeral director James J. Pettijohn

(b) Address Oregon, Mo

19. (a) 4-23-43 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1943 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from APR. 19
1943 to APR. 21 1943
that I last saw him alive on APR. 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death STAPHYLOCOCCIC INFECTION OF HEAD, FOLLOWING HEAD INJURY.

Due to DIABETES MELLITUS

Due to _____

Other conditions DIABETES MELLITUS.
(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) ACCIDENT

(b) Date of occurrence 1 1/2 WKS. PRIOR TO DEATH.

(c) Where did injury occur? OREGON HOLT MO.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
HEN HOUSE.

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

23. Signature Dr. Howard Collier (M. D. or other) D.O.
Address Forest City, Mo. Date signed April 23, 1943

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

400

1145

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 James H. Pettijohn
Licensed Embalmer No. 31192
P. O. Address Oregon 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14435
Registrar's No. 33

Registration District No. 139

Primary Registration District No. 5-5-34

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Rural
(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 life years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Holt
(c) City or town Rural
(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 April Day 2
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I know whether he/she was alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Septicemia
infection of head
Due to following head
injury

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN 186 W 39
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) FELL HITTING HEAD
(b) Date of occurrence APR 1, 43 ON WEN HOUSE
(c) Where did injury occur? OREGON, MO HOLT MO.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
ON FARM

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

23. Signature Dr. H. E. Collier (M. D. or other) D.O.
Address Forest City Date signed MO

3. (a) PRINT FULL NAME Clair D. Dawson

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

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

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

7. Birth date of deceased July 2 - 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days _____ (If less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

SUPPLEMENTARY

5-14435