

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

14926

State File No.

FILED MAY 11 1943

Primary Registration District No. 5884

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town New Truxton (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Benevolent Soc.
(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) 6 Years

3. (a) PRINT FULL NAME James Henry Dawson.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Alice B Dawson Dec. 6. (c) Age of husband or wife if alive 16 years
7. Birth date of deceased 9 16 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 7 3 hr. min.

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

10. Usual occupation Farmer

11. Industry or business General Duties

12. Name John Thomas Dawson

13. Birthplace Virginia (City, town, or county) (State or foreign country)

14. Maiden name Margarete Turner

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Clyde B Dawson

(b) Address St Louis Co Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Zion cem Truxton Mo

18. (a) Signature of funeral director Oliver A Jones

(b) Address Bellflower Mo

19. (a) 4-27-43 (b) Leone Jeffries (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wetmore
(c) City or town New Truxton Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1 Mi. S.W. New Truxton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1943 hour 10 am 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.

Immediate cause of death Coronary Thrombosis Duration

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 April 19-1943

(c) Where did injury occur? Montgomery Mo
(City or town) (County) (State)

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

on farm (Specify type of place)
While at work? Yes (i) Means of injury Struck by

23. Signature F. J. Ball acting Coroner (M. D. or other)

Address Jonesburg, Mo. Date signed April 19-43

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.....
Me....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Alfred A. Jones
.....

Licensed Embalmer No. 2978

P. O. Address. Bellflower 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.