

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

34857

Do not use this space.

FILED NOV 12 1943

1. PLACE OF DEATH

(a) County Holt Co

Registration District No. 139

(b) Township West Lewis

Primary Registration District No. 5536

Registered No. 66

(c) City Forest City Rural

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U. S., if of foreign birth?

yrs. mos. ds.

St. 1

St. 1

2. PRINT FULL NAME Burl Dawson

(a) Residence, No.

(Usual place of abode, if no street address, write county or city)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

2-8-1883

7. AGE

YEARS

60

MONTHS

8

DAYS

3

If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

farmer

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Holt Co. Mo

FATHER

13. NAME

Ed Dawson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

7

17. INFORMANT (ADDRESS)

Leonard Dawson Forest City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest City Mo

DATE Oct 13 1943

19. FUNERAL DIRECTOR (ADDRESS)

J. Fred Terhune Savadough Mo

20. FILED

10-13

1943

Pauline Dawson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 1943

22. I HEREBY CERTIFY, That I attended deceased from FEB. 16, 1942, to AUG. 31, 1942

I last saw him alive on AUG. 31, 1942. Death is said

to have occurred on the date stated above, at 6:41 A.M.

The principal cause of death and related causes of importance were as follows:

DIABETES MELLITUS
(PATIENT SHOWED A 4+ SUGAR
IN URINE MAY 12, 42 WHEN
LAST TREATED HIM-HAS
HAD NO TREATMENT SINCE)

Date of onset
4 yrs. Ago

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? 4+ glucose Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No. Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard E. Callahan A.B., M.D.

(Address) Forest City, Mo.

STATEMENT BY LICENSED EMBALMER

I, Frederick Turhane, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Frederick Turhane
Licensed Embalmer No. 1279

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.)