

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 8 1944

Registration District No. 96

Primary Registration District No. 5348

Registrar's No.

30

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

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Rural Grant Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rt. 2 Urbana Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

(c) City or town "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. Rt 2 Urbana Mo.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Esther G. Dawson

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9 year 1944 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Feb. 2 1944 to Feb 8 1944; that I last saw her alive on Feb. 8 1944; and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Robert A. Dawson 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Dec. 7 1896
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 7 hrs.

8. AGE: Years 48 Months 2 Days 2 If less than one day hr min

Due to General Perosis (?)

Due to.....

Other conditions (Include pregnancy within 3 months of death) 30 f

9. Birthplace Pittsburg Penn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Robert A. Dawson

(b) Address Rt 2 Urbana Mo.

17. (a) Burial (b) Date thereof Feb. 15 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c). Place: burial or cremation Chelsea, Okla.

18. (a) Signature of funeral director Vaughan & Riser

(b) Address Urbana Mo

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?.....

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

19. (a) 2-19-44 (b) R. B. Brown
(Date received local registrar) (Registrar's signature)

23. Signature R. B. Brown (M. D. or other) M.D.

Address Buffalo Mo Date signed 2-10-44

1381

MAR 8 1944

MAR 20 1944

Office No. 7A

2-44-243

3-7-44

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.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 3053

P. O. Address. Warsaw, 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.