

S. No. 2  
 OM-2.43  
 v. 5-17-39  
 P-1 X35997

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

7298

State File No. \_\_\_\_\_

Registrar's No. 13

FILED MAR 11 1944

Registration District No. 139

Primary Registration District No. 4775-

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

1. PLACE OF DEATH:  
 (a) County Holt  
 (b) City or town Oregon mo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Brown's Nursing Home  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution over 1 yr.  
(Specify whether years, months or days)  
 In this community 67 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Holt 44  
 (c) City or town Maitland 0  
(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 LAFAYETTE DAWSON  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male <sup>(U)</sup> 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 1 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>5</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Assistant Cashier Bank.

11. Industry or business \_\_\_\_\_  
 12. Name Jacob Dawson  
 13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
 14. Maiden name Isabella Eby  
 15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Fraust Schoeber  
 (b) Address Maitland Mo.

17. (a) Burial (b) Date thereof Nov. 25-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation K Plem Maitland

18. (a) Signature of funeral director Campbell Funeral Home  
 (b) Address 921 S Main Ingersville Mo.

19. (a) 2-12-44 (b) Pauline Dawson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month November day 23  
 year 1943 hour 5 minute 0 M.  
 21. I hereby certify that I attended the deceased from Sept 9, 1943 to Nov 23, 1943  
 that I last saw him alive on Sept 9, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 2 Hour  
 Duration

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) J2 f

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy none  
 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? none?  
(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

23. Signature E F Newmyer (M. D. or other) \_\_\_\_\_  
 Address West Main St Date signed 11-24-43

APR 7 1944

MAR 2 9 1944

**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 William Campbell

Licensed Embalmer No. 2620

P. O. Address Manville, Me

**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.