

Registration District No. **11 APR 11 1944 / 7**

Primary Registration District No. **3164**

Registrar's No. **85-**

1. PLACE OF DEATH:
 (a) County **Callaway**
 (b) City or town **10 Mi. N. W. of Fulton**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1 Fulton Imps**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Lifetime** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Callaway**
 (c) City or town **Fulton**
(If outside city or town limits, write "RURAL")
 (d) Street No. **R. F. D. # 2**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **NANCY JANE DAWSON**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **March** day **1st.**
 year **1944** hour **7** minute **45.** M.
 21. I hereby certify that I attended the deceased from **past 30 years**
 _____, 19____, to **present.**, 19____;
 that I last saw her alive on **about 8/30/1943**, 19____;
 and that death occurred on the date and hour stated above.

4. Sex **Fe.** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
 7. Birth date of deceased **Sept 18 1853**
(Month) (Day) (Year)

Immediate cause of death **Cardiac insufficiency** Duration
following rheumatism, arthritis with arteriosclerosis, including coronary vessels, and hypertention **25 yrs.**
 Due to _____

8. AGE: Years **90** Months **5** Days **13** If less than one day hr. **0** min. **0**

Due to _____
 Other conditions **94a**
(Include pregnancy within 3 months of death)

9. Birthplace **Callaway Co. Missouri**
(City, town, or county) (State or foreign country)

Major findings: **94a**
 Of operations _____
 Of autopsy **No autopsy.**

10. Usual occupation **Housework**
 11. Industry or business _____
 12. Name **Wm. Lloyd**
 13. Birthplace **Ky. /**
(City, town, or county) (State or foreign country)
 14. Maiden name **Emaline Gee**
 15. Birthplace **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gee Dawson**
 (b) Address **Fulton, Mo. R. F. D. # 2**
 17. (a) **Burial** (b) Date thereof **3/3/44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Prairie Chapel Cem.**

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 _____
 (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 _____

18. (a) Signature of funeral director **Levi S. Wallace**
 (b) Address **Fulton, Missouri**
 19. (a) **3-2-1944** (b) **Jean Morsinkhoff**
(Date received local registrar) (Registrar's signature)

23. Signature **Greene M. ...** M. D. (M. D. or other) _____
 Address **Fulton, Missouri** Date signed **3/2/44**

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-10-44

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~~.....

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

Signed..... *E. E. White*

Licensed Embalmer No. 4168

P. O. Address..... Fulton, 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.