

FILED JUL 20 1944

Registration District No. 47

Primary Registration District No. 3018

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Callaway County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days (Specify whether
 In this community Lifetime
 years, months or days)

3. (a) PRINT FULL NAME Ida Virginia Dawson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Allen Dawson, Deceased 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: April 23 1864
 (Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 18 If less than one day hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business

12. Name John C. Berry
 13. Birthplace Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Sally Sizoo
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gooldy
 (b) Address Fulton, Mo.

17. (a) Burial (b) Date thereof 6/3/44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hillcrest Cemetery.

18. (a) Signature of funeral director Wallace Funeral Home
 (b) Address Fulton, Mo.

19. (a) 6-3 1944 (b) Joie M. Mankoff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
 (c) City or town Rural
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
 year 1944 hour 3 minute 55 P. M.

21. I hereby certify that I attended the deceased from May 4, 1944, to June 1, 1944
 that I last saw her alive on June 1st, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to atherosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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 _____

23. Signature Harry D. Mankoff (M. D. or other) M.D.

Address Fulton, Mo. Date signed 6/3/44

1147 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 0,

District File Number

Date Filed 7-19-44

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, only

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.