

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10020**

**FILED APR 12 1945**

Registration District No. **173**

Primary Registration District No. **4274**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County **LAFAYETTE**  
(b) City or town **AULTVILLE**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **25 YEARS** (Specify whether years, months or days)  
In this community **25 YEARS**

3. (a) PRINT FULL NAME **HENRY C. DAWSON**  
(b) If veteran, ☒ name war **✓**  
(c) Social Security No. **✓**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
(b) Name of husband or wife **FRANCES DAWSON** 6. (c) Age of husband or wife if alive **69** years  
7. Birth date of deceased **OCTOBER 11 1864**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>80</b>	<b>4</b>	<b>23</b>	hr. min.

9. Birthplace **STATE OF ILLINOIS**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMING**

11. Industry or business

MOTHER FATHER { 12. Name **ELISHA DAWSON**  
13. Birthplace **STATE OF ILLINOIS**  
(City, town, or county) (State or foreign country)  
14. Maiden name **MARY - LAST NAME UNKNOWN**  
15. Birthplace **STATE OF ILLINOIS**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. FRANCES DAWSON**  
(b) Address **AULTVILLE MO**

17. (a) **BURIAL** (b) Date thereof **MARCH 6 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ZION HILL CEMETERY**

18. (a) Signature of funeral director **E. S. JAMES**

(b) Address **CONCORDIA, MISSOURI**

19. (a) **MARCH 5 1945** (b) **Mrs. Walter Walden**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **LAFAYETTE**  
(c) City or town **AULTVILLE MO**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **4**  
year **1945** hour **4** minute **4** A.M.

21. I hereby certify that I attended the deceased from **no physician in attendance**, 19 **to** **Coroner investigation**  
that I last saw him **alive on** **19**  
and that death occurred on the date and hour stated above.

Immediate cause of death **by heart**  
**Coronary heart disease - several years**  
**sudden death**

Due to

Due to

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy **none**

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?

(Specify type of place)  
While at work (c) Means of injury

23. Signature **W. H. Haggard** (M: D. or other) **MA**

Address **Wigginsville, MO** Date signed **3/5/45**

**1235** (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 8,

File Number

Date Filed

4/11/45

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 me

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

Signed

E. S. James

Licensed Embalmer No.

2058

P. O. Address

Concordia, Ma.

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.