

FILED MAR 26 1945  
Registration District No. 20385

Primary Registration District No. 4355

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

1. PLACE OF DEATH:

(a) County NEW MADRID

(b) City or town NEW MADRID  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community ALL OF LIFE years, months or days

3. (a) PRINT FULL NAME LENA DAWSON HOWARD

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE / Color or race WHITE

6. (a) Single, widowed, married, divorced 2

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased OCT. 10 - 1853  
(Month) (Day) (Year)

8. AGE: Years 91 Months 3 Days 11 If less than one day hr. min.

9. Birthplace NEW MADRID MO. A  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business ✓

MOTHER FATHER

12. Name GEORGE W. DAWSON

13. Birthplace NEW MADRID MO. A  
(City, town, or county) (State or foreign country)

14. Maiden name ANNORA LAVALLEE

15. Birthplace NEW MADRID MO. A  
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Howard

(b) Address New Madrid Mo

17. (a) Burial (b) Date thereof 1-23-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelin

18. (a) Signature of funeral director Richard and Co

(b) Address New Madrid Mo

19. (a) 2-14-45 (b) Nelson Louis Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid (If outside city or town limits, write "RURAL") 72

(d) Street No. \_\_\_\_\_ (If rural, give location) 4

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 1945 hour 12:15 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from June 1944 to Jan 1945

that I last saw him alive on Jan 20 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma cervical glands.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature B. J. Allegrum (M. D. or other) NO

Address New Madrid Mo Date signed 1/24/45

1564

RECEIVED

District Health Office No.

District File Number *345-43*

Date Filed *3/4/42*

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 *Leo Helguth*

Licensed Embalmer No. *3803*

P. O. Address *New Madrid, 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.**