V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20459

FILED JUN 28 1945

Registration District No. 741

Primary Registration District No. 13552 Registrar's No. 61

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

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Lawton ... (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community all of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howell
(c) City or town Lawton Mo (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Martin Dawson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased Apr. 13 1909 (Month) (Day) (Year)

8. AGE: Years 36 Months 0 Days 27 If less than one day ... hr. ... min.

9. Birthplace Lawton MO. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Palmer Dawson
13. Birthplace Ark (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura ~~[illegible]~~
15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant Palmer Dawson
(b) Address Lawton MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 - 45 (Month) (Day) (Year)
(c) Place: burial or cremation West Plains Cemetery
18. (a) Signature of funeral director J Blalduck
(b) Address West Plains Ark
19. (a) 120 - 4 - 45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1945 hour 5 - 45 minute ... M.

21. I hereby certify that I attended the deceased from Jan ... 19 45, to May 10, 19 45
that I last saw h... alive on May 1, 19 45
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rheumatic Heart Disease	
~~Due to~~ Post Infection Arthritis	
Due to	5 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [illegible] (M. D. or other) MD
Address [illegible] Mo Date signed 5-12-45

1124

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 315-
District File Number 6.45-298.
Date Filed 6.27.45-

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.....

.....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.