S. No. 2
M—5-42
v. 5-17-39
I X32873

27367

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 12 1945

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 670

39
2
6

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1002 West Thoman /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 42 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 9
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1002 West Thoman 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Martha Jane Dawson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F M /
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife UNK.
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased February (Month) 2, (Day) 1864 (Year)

8. AGE: Years 81 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Benton County (City, town, or county) Ky. / (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Carroll
13. Birthplace Unknown (City, town, or county) UNK. 9 (State or foreign country)
MOTHER
14. Maiden name Mildred Bearden
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Deceased Statement before death.
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25,1945 (Month) (Day) (Year)
(c) Place: burial or cremation East lawn
18. (a) Signature of funeral director W.L.Dunn
(b) Address Springfield, Mo.
19. (a) 8-27-45 (Date received local registrar) (b) Dr W J Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th.
year 1945 hour 12:25 A.M. minute M.
21. I hereby certify that I attended the deceased from 8/22/45, 19 to 8/24/, 19 45
that I last saw her alive on 8/22/, 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with decompensation — Duration 6 mo
Due to
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
93

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 0
23. Signature C. E. Feller (M. D. ~~or other~~)
Address Springfield Mo Date signed 8/27/45

(Licensed Embalmer's Statement on Reverse Side)

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 C. V. McCadden

Licensed Embalmer No. 28-91

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.