

FILED SEP 26 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 46

Primary Registration District No. 4066

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Kingston
(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)
In this community _____ years, months or days

3. (a) PRINT FULL NAME James Albert Dawson, Jr

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 Married
6. (b) Name of husband or wife Alice Maude Dawson 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased November 8 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Knox County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Laborer

11. Industry or business _____

12. Name Christopher C. Dawson
13. Birthplace Vincent County Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Elleta Corbin
15. Birthplace Hartford Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Maude Dawson
(b) Address Kingston, Missouri.

17. (a) Burial (b) Date thereof 9--3- 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingston Cemetery

18. (a) Signature of funeral director Cramer Clark
(b) Address Kingston, Missouri.

19. (a) 9-3-45 (b) Caroline Lamm
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13
(c) City or town Kingston 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1945 hour 12:30 minute _____ A.M.
21. I hereby certify that I attended the deceased from Oct 10 - 1943 to Sept 1, 1945.

that I last saw him alive on Aug 20, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Syphilis (tertiary) Duration do not know

Due to _____

Due to _____

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

Major findings: Of operations _____ Of autopsy 2.04
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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. H. Wilson (M.D. or other) M.D.
Address P.O. Mo. Date signed 9-3-45

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

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.....

Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.