V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED DEC 15 1945

State File No. 37537

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 200

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 1402 So. Garrison Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant of W. E. and Iona Dawson
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male | 5. Color or race White | 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 November (Month) 15, (Day) 1945 (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 10 hr. min.

9. Birthplace Carthage, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name W. E. Dawson
13. Birthplace Englevale, (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Iona Jones
15. Birthplace Stella, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant W. E. Dawson
(b) Address 1402 S. Garrison, Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri
19. (a) 11-16-45 (Date received local registrar) (b) L. B. Cantin M. D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16, year 1945 hour 8: minute 10 A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature - 6½ mo -	
Due to	
Due to	
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 W. E. Byrd M.D. (M. D. or other)
Address Carthage Mo. Date signed 11/16/45

1458 (Licensed Embalmer's Statement on Reverse Side)

45-11-950

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 Ed Lemmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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.