

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38002**

FILED NOV 28 1945
Registration District No. **227**

Primary Registration District No. **#339**

Registrar's No. **54**

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

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

3. (a) PRINT FULL NAME Thos. D. Dawson
(b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 15
year 1945 hour 7 minute 00 A.M.
21. I hereby certify that I attended the deceased from 10 to 15 1945
that I last saw him alive on 15 1945
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 10 (Month) 22 (Day) 18 (Year)

Immediate cause of death: Calor excedit
Duration 3 Days

8. AGE: Years 73 Months 11 Days 23
If less than one day hr. _____ min. _____

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

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation: Farm Laborer
11. Industry or business: Farming
12. Name: Don't know
13. Birthplace: _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name: Don't know
15. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: Of operations _____
Of autopsy 940

16. (a) Informant: Mrs. Ben Carter
(b) Address: Madison, Mo. R.R.
17. (a) burial (b) Date thereof: 10/16-45
(Burial, cremation, or removal) (Monthly) (Day) (Year)
(c) Place: burial or cremation: Quick Hill
18. (a) Signature of funeral director: W. A. Thompson
(b) Address: Madison, Mo.
19. (a) 10-16-45 (b) Thos. D. Dawson
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature: W. A. Thompson (M. D. or other) _____
Address: Madison, Mo. Date signed: 10/16/45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-45-1682

Date Filed NOV-26 1945

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

Mrs. J. A. Thompson

Licensed Embalmer No.

3282

P. O. Address

Madison, Wis

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.