

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2992

FILED FEB 15 1946

Registration District No.

Primary Registration District No.

Registrar's No.

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: Rose Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
In this community 52 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Alfred Henry 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 widowed

6. (b) Name of husband or wife Ella May Dawson 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased November 11 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Clay County Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation retired dairy showman

11. Industry or business ---

12. Name Stephen Dawson

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Clara

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. H. Gregory

(b) Address Route 1, Carthage, Mo.

17. (a) burial (b) Date thereof Jan 4, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) 1-4-46 (b) P. B. Clinton M.D.
(Date received local registrar) (Registrar's signature)

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. Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1946 hour 7:15 minute p M.

21. I hereby certify that I attended the deceased from Nov. 25, 1945, to Jan 2, 1946;
that I last saw him alive on Dec 27, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 5 wks

Due to hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 P. B. Clinton (M. D. or other)

Address Carthage Mo Date signed 1/3/46

46-1-27

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.....

Frank W. Kneel

Registered Apprentice No. *379*

working under my personal supervision.

Signed.....

Emm L. Truel

Licensed Embalmer No. *391*

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.