

No. 2  
-8-43  
5-17-39  
I X37823

**FILED** MAR 9 1946  
Registration District No. 275

Primary Registration District No. 3053

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

(c) City or town Rolla  
(If outside city or town limits, write "RURAL")

(d) Street No. 101 E 13th  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME IDA Faragher Dawing

3. (b) If veteran, name war: -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 15, year 1946 hour 1 minute 55 P. M.

21. I hereby certify that I attended the deceased from Dec 20, 1945 to Feb 15, 1946, that I last saw her alive on Feb 14, 1946 and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Otto Dawing

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Sept 18 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>4</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death: Carcinoma of Uterus with metastasis to bones

Due to and lungs

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Fredrick Muench

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

14. Maiden name: Unknown

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

16. (a) Informant Mrs. Cliff Stinson

(b) Address 101 E 12 - Rolla, Mo.

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

(c) Place: burial or cremation Rolla, Mo.

18. (a) Signature of funeral director Smith-Holloway

(b) Address Rolla, Mo.

19. (a) Feb 13 1946 (b) Mrs. Juanita Harvey  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations None

Of autopsy None

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 J.A. Stricker (M. D. or other) \_\_\_\_\_

Address St. James Mo Date signed Feb 19 46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

5650

FEB 20 1947

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

*J. W. Macinn*

Licensed Embalmer No. *2643*

P. O. Address. *Rolla, 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.**