

FILED MAY 14 1946 STANDARD CERTIFICATE OF DEATH

State File No.

17484

Registration District No.

238

Primary Registration District No.

4355

Registrar's No.

144

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town New Madrid
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No.
(Specify whether
In this community all of life years, months or days)

3. (a) PRINT
FULL NAME

DIXIE DAWSON

3. (b) If veteran,

name war

No

3. (c) Social Security

No.

No.

4. Sex FEMALE

5. Color or
race W

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

6. (b) Name of husband or wife

George W. Dawson

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

Feb

- 4 -

1862

8. AGE:

Years

Months

Days

If less than one day

84

2

28

hr.

min.

9. Birthplace

New Madrid

Mo

10. Usual occupation

House work

11. Industry or business

W.

12. Name

James H. Howard

13. Birthplace

unk.

9

14. Maiden name

Blanche Howard

15. Birthplace

New Madrid

Mo

16. (a) Informant

Paul Dawson

(b) Address

New Madrid Mo.

17. (a)

Burial

(b) Date thereof

May 4 - 46

(c) Place: burial or cremation

Cremation

18. (a) Signature of funeral director

Richard Lind Co.

(b) Address

New Madrid, Mo.

19. (a)

5-9-46

(b)

Helene Lind Jones

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1946 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from 1 Mar
1946 to 2 May, 1946
that I last saw her alive on 2 May, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia, Bronchial

Duration

24 hrs.

Due to

Due to

Other conditions

Myocarditis Chronic

5 yrs.

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

Lois Smith

(M. D. or other) MD

Address

New Madrid Mo.

Date signed 6 May 46

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

RECEIVED

District Health Office No. 2,

District File Number 546-614

Date Filed 5-11-46

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.....

Licensed Embalmer No. 4346

P. O. Address New Madison

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.