

FILED JUN 10 1946

Registration District No. **277**

Primary Registration District No. **44725952**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County **Pike**
(b) City or town **Curryville (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(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

3. (a) PRINT FULL NAME **James David Dawson**

3. (b) If veteran, name war **WW** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Margaret Rebecca Dawson** 6. (c) Age of husband or wife if alive **82** years
7. Birth date of deceased **January 10 1856**
(Month) (Day) (Year)

8. AGE: Years **90** Months **4** Days _____ If less than one day _____ hr. _____ min/

9. Birthplace **Kentucky** (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

MOTHER FATHER { 12. Name **Hildray Jackson Dawson**
13. Birthplace **Kentucky** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Lawrence**
15. Birthplace **Pike Co. Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bonnie Parsons**
(b) Address **New Hartland, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 12 1946** (Month) (Day) (Year)

(c) Place: burial or cremation **Frederick Co. Cemetery, Mo.**

18. (c) Signature of funeral director **Grace Bankhead**
(b) Address **Bowling Green, Mo.**

19. (a) **6-1-46** (Date received local registrar) (b) **J. Bill Robinson** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pike** 82
(c) City or town **Curryville (Rural)** 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **10** year **1946** hour **1** minute **P** M.

21. I hereby certify that I attended the deceased from **1935** to **1946**
that I last saw him alive on **April 30** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Insufficiency** **week**

Due to **Chronic Endocarditis**

Due to _____

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

Major findings: Of operations _____

Of autopsy **928**

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? **Yes** (e) Means of injury **202**

23. Signature **J. M. Walker** (M. D. or other) **5/11/46**
Address **Bowling Green, Mo.** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 6-46-1095

Date Filed JUN 6 1946

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 Grace M. Rankin

Licensed Embalmer No. 2204

P. O. Address Bowling Green, 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.