

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

**FILED JUN 20 1946**

Registration District No. 23

Primary Registration District No. 2014

State File No. 19795

Registrar's No. 41

**1. PLACE OF DEATH:**

(a) County Clay  
(b) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
408 W Kansas  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 12 years  
years, months or days)

3. (a) PRINT FULL NAME Mrs Alice Marion Dawson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Albert Wimsatt Dawson 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov. 16 1864  
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Carlinville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Hugh W. Forsythe

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

14. Maiden name Sarah Nixon

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

16. (a) Informant Mrs Kathryn Cowherd

(b) Address 408 W Kansas St Liberty

17. (a) Cremation (b) Date thereof 6 5 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monte Vista Colorado

18. (a) Signature of funeral director O. E. Gardner

(b) Address 119 C Franklin St Liberty Mo

19. (a) June 4-1946 (b) Wm. H. Hays  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Clay 24  
(c) City or town Liberty 2:  
(If outside city or town limits, write "RURAL")  
(d) Street No. 408 W Kansas St 1  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country No.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 3  
year 1946 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan 11, 1946 to June 3, 1946  
that I last saw her alive on June 3, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death General Arterio sclerosis 10 yrs

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

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

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

Major findings: Of operations 97

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 0

23. Signature Burton Maltby M. D. or other M.D.

Address Liberty Mo Date signed 6-4-46

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-15-86.....

---

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. 3934

P. O. Address Liberty, 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.