. S. No. 2
M—8-43
v. 5-17-39
I X37823

20055

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21186

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 65

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: 309 W. Main St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. 309 W. Main St. (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Lena (n) Dawson

3. (b) If veteran, name war None

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 James Dawson

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years Unknown Months Unknown Days ..... If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business Housekeeping

MOTHER FATHER

12. Name Dennis Calnen

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

14. Maiden name Emily Bunch

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

16. (a) Informant Ralph Dawson

(b) Address Richmond, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/46 (Month) (Day) (Year)

(c) Place of burial, cremation or removal Sunny Slope Cem Richmond

18. (a) Signature of funeral director Guest-Lile F.H.

(b) Address Richmond, Missouri

19. (a) June 9-46 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1946 hour 12:30 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Mah 22, 1946, to June 5, 1946 that I last saw her alive on June 6, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronco-pneumonia	
Due to Arterio-Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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 C. C. Fay (M. D. or other) M. D.

Address Gay Bldg., Richmond, Mo. Date signed 6/8/46

273 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 6-17-46

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 George [illegible]

Licensed Embalmer No. 4066

P. O. Address Richmond, 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.