

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED DEC 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37827
Registrar's No. 177

Registration District No. 251

Primary Registration District No. 3042

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

360-111

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Nodaway
(c) City or town Burlington Jet.
(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 _____

3. (a) PRINT FULL NAME Robert Harry Dawson
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 18
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from October 17
1946 to November 18, 1946
that I last saw him alive on November 18, 1946
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
7. (b) Name of husband or wife Lucille Dawson 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Oct 10, 1901
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Pancreas metastasis
Due to _____
Duration 6 mo?
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Carcinoma of pancreas & metastasis
Of operations _____
Of autopsy _____

8. AGE: Years 45 Months 1 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Skidmore Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business General
12. Name Egan Dawson
13. Birthplace Mound City Mo
(City, town, or county) (State or foreign country)
14. Maiden name Ellis Tooms
15. Birthplace Moberly Mo
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Ella Dawson
(b) Address Burlington Jet Mo
17. (a) Burial (b) Date thereof Nov 21 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ohys Cemetery

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 _____

18. (a) Signature of funeral director _____
(b) Address Burlington Junction Mo
19. (a) Nov-23-46 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

23. Signature B. J. Byland (M. D. or other) M.D.
Address Burlington Jet Mo Date signed 11/24/46

DISTRICT HEALTH OFFICER
C-2

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. 2968

P. O. Address Daniel J. Mc

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.