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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1947
3 24

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7508

Registrar's No. 33

Registration District No. 324

Primary Registration District No. 3072

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 Days
(Specify whether)

In this community 48 Years
years, months or days)

3. (a) PRINT FULL NAME Lela Hamilton Miller Dawes

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

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

6. (b) Name of husband or wife I. M. Dawes 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 18th, 1873
(Month) (Day) (Year)

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

73 I 20 hr. min.

9. Birthplace Audrain County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business ✓

MOTHER FATHER { 12. Name Joseph Miller 9

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

14. Maiden name Margaret Stapleton

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

16. (a) Informant Joseph Miller

(b) Address States Mo. 77 47

17. (a) Burial (b) Date thereof Feb. 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (c) Signature of funeral director Campbell Reed

(b) Address Marshall, Mo.

19. (a) Feb 14-47 (b) Sidney T Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall
(If outside city or town limits, write "RURAL") 1

(d) Street No. 1052 South Brunswick
(If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th
year 1947 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 9, 1947 to Feb 8, 1947.
that I last saw her alive on Feb 8, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis
Hypertension

Due to _____ ?

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations 93D

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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 [Signature] (M. D. or other) _____
Address Marshall Mo Date signed 2/11/47

Duration

4 Wk.

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-22-47

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 R. W. Campbell Jr.
Licensed Embalmer No. 3469
P. O. Address Marshall, 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.