

U. S. No. 2
FORM-5-43
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8448**

FILED MAR 19 1947

Registration District No. **98**

Primary Registration District No. **8362**

Registrar's No. **27**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3 carb. exp.

1. PLACE OF DEATH:
 (a) County **DAVIES**
 (b) City or town **Rural Jamesport Mo**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R. 70 # 1 Jamesport
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1**
(Specify whether)
 In this community **70 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **DAVIES**
 (c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
 (d) Street No. **R. 70 # 1**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **LOREL Raymond DAWSON**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **NONE**
 4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **CARRIE DAWSON** 6. (c) Age of husband or wife if alive **62** years
 7. Birth date of deceased **SEPT 21 1873**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **March**, day **2**, year **1947** hour **10:45** minute **P** M.
 21. I hereby certify that I attended the deceased from **Mar 3 - 1947** to **Mar 3 1947**
 that I last saw **live on Mar 3 - 1947** and that death occurred on the date and hour stated above.

8. AGE: Years **73** Months **5** Days **11** If less than one day **-** hr. **-** min.

Immediate cause of death **Coronary thrombosis**
 Due to **Arteriosclerosis + Hypertension**
 Due to _____
 Other conditions **gHA**
(Include pregnancy within 3 months of death)

9. Birthplace **DAVIES County MO**
(City, town, or county) (State or foreign country)
 10. Usual occupation **FARMER**

Major findings: Of operations **gHA**
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business **FARM**
 12. Name **CHAS DAWSON**
 13. Birthplace **UNKNOWN** **MO**
(City, town, or county) (State or foreign country)
 14. Maiden name **MARY MDULLIN**
 15. Birthplace **UNKNOWN** **MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carrie Dawson**
 (b) Address **JAMESPORT, MO R. 70**
 17. (a) **burial** (b) Date thereof **Mar 5 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Maple Cemetery, Cuba, MO**

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 **gHA**

18. (a) Signature of funeral director **Raymond Dawson**
 (b) Address **Jamesport Mo**
 19. (a) **Mar 6 - 1947** (b) **Regina Engelhart**
(Date received local registrar) (Registrar's signature)

23. Signature **Jos Bailey** (M. D. or other) **MO**
 Address **Jamesport Mo** Date signed **3-4-47**

MAR 19 1947

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.....

Walter E. Meyer

Registered Apprentice No. *458*

working under my personal supervision.

Signed.....

Raymond A. Quinn

Licensed Embalmer No. *5424*

P. O. Address *St. Louis, 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.