

Registration District No. **137**

Primary Registration District No. **4225**

Registrar's No. **49**

1. PLACE OF DEATH:

(a) County **HOLT**  
(b) City or town **OREGON** *Mo*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: */*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **20 YEARS**  
years, months or days

3. (a) PRINT FULL NAME **LUTHER MARTIN DAWSON**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **EDITH CURTIS DAWSON** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **SEPTEMBER 10 1875**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **10** Days **25**  
If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **PRINCETON KENTUCKY**  
(City, town, or county) (State or foreign country)

10. Usual occupation **SALESMAN**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **WALTER WRIGHT DAWSON**  
13. Birthplace **UNKNOWN** **9**  
(City, town, or county) (State or foreign country)  
14. Maiden name **CAROLINE MARTIN**  
15. Birthplace **UNKNOWN** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. EDITH DAWSON**  
(b) Address **OREGON, MISSOURI**

17. (a) **BURIAL** (b) Date thereof **AUG 12 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **OREGON, MISSOURI**

18. (a) Signature of funeral director *James H. Pettigrew*  
(b) Address *Oregon Mo*

19. (a) *Aug 13 1947* (b) *J. J. [Signature]*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **HOLT** *44*  
(c) City or town **OREGON**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **10**  
year **1947** hour **9** minute **20** A. M.

21. I hereby certify that I attended the deceased from *Aug* **1947** to *Aug 10* **1947**;  
that I last saw him *alive* on *Aug 10* **1947**;  
and that death occurred on the date and hour stated above.

Immediate cause of death *Coronary Occlusion sudden*  
Due to *myocardial infarction 3 yrs*  
Due to \_\_\_\_\_

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

Major findings:  
Of operations *94A*  
Of autopsy *none*  
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? *11000*  
(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 **0**

23. Signature *E. E. [Signature]* (M. D. or other) \_\_\_\_\_  
Address *Oregon* Date signed *8-13-47*

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

**DISTRICT HEALTH OFFICE**  
**Casper, Mo.**

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**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..... *James H. Pettigrew*.....  
Licensed Embalmer No..... *3192*.....  
P. O. Address..... *Oregon 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.**