No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 8 1948
Registration District No. 12

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Turner
State File No. 41377
Registrar's No. 108

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1½ Days (Specify whether)
In this community: 1½ Days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lanton
(c) City or town: Lanton
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Cecil 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: Becky Dawson
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct. (Month) 6 (Day) 1901 (Year)

8. AGE: Years 46 | Months 2 | Days 1 | If less than one day: hr. min.

9. Birthplace: Lanton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: School Teacher & Postmaster
11. Industry or business:
FATHER
12. Name: Palmer Dawson
13. Birthplace: Center (City, town, or county) Arkansas (State or foreign country)
MOTHER
14. Maiden name: Laura Taylor
15. Birthplace: Burnham (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Palmer Dawson
(b) Address: Lanton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation: West Plains, Mo.
18. (a) Signature of funeral director: H.H. Lonmeyer
(b) Address: Springfield, Mo.
19. (a) 12-11-47 (Date received local registrar) (b) W E Hadley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 7
year: 1947 hour: 4 minute: 35a M.

21. I hereby certify that I attended the deceased from Dec 5, 1947 to Dec 7, 1947; that I last saw h.i.m. alive on Dec 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart failure	5 days
Due to: Aortic Insufficiency	27 yrs.
Due to: Rheumatic Heart Disease	27 yrs.
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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: [illegible] (M. D. or other)
Address: Springfield Mo. Date signed: 12-8-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

FEB 13 1948

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 James B. Daughtrey Registered Apprentice No. 466, working under my personal supervision.

Signed Walter E. Hamelton

Licensed Embalmer No. 2808

P. O. Address Springfield 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.