

Registration District No. **3-4848**

Primary Registration District No. **5212**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County **Carter**
(b) City or town **Van Buren (rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **farm to market N. of Van Buren**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **40 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

James Chas. Dawson
3. (b) If veteran, **no** 3. (c) Social Security No. **no.**
name war

4. Sex **M** 15. Color or race **W**
6. (b) Name of husband or wife **Mary Dawson** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **May 14 1870**
(Month) (Day) (Year)

8. AGE: Years **77** Months **7** Days **21** If less than one day
hr. min.

9. Birthplace **Wayne Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

12. Name **James Dawson**

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

14. Maiden name **Mary Rucker**

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

16. (a) Informant **Johnnie Dawson**

(b) Address **Van Buren Mo**

17. (a) **Burial** (b) Date thereof **1-8-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Houses Creek**

18. (a) Signature of funeral director **Seaton Pewitt**

(b) Address **Van Buren Mo**

19. (a) **Jan 8-48** (b) **Mrs Ota Benson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Carter**
(c) City or town **Van Buren (rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **no** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **5**
year **1948** hour **4** minute **P.M.**

21. I hereby certify that I attended the deceased from **1** to **19**
that I last saw him alive on **19**
and that death occurred on the date and hour stated above.

Immediate cause of death **Basal skull fracture**
Due to **Car run into tree**

Due to

Other conditions **SI**
(Include pregnancy within 3 months of death)

Major findings: Of operations **17th**

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) **Accident**

(b) Date of occurrence **Jan 5 1948**

(c) Where did injury occur? **Carter Co. Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **highway M. 3 m. N. W. of Van Buren**
(Specify type of place)

While at work (e) Means of injury **3**

23. Signature **Seaton Pewitt** (or other) **Cor.**
Address **Van Buren Mo** Date signed **1-6-48**

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

14877
1-29-48

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

Chas. S. Tewitt

Registered Apprentice No. 11

working under my personal supervision.

Signed

Seaton Tewitt

Licensed Embalmer No.

2287

P. O. Address

Van Buren

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.