No. 2
—1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 8 1948

Registration District No. 1484

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9807

Primary Registration District No. 3056

Registrar's No. 95

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 2 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 205 Hagood
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nettie Dawson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex f
5. Color or race w
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife W. N. Dawson
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 11 (Month) 1 (Day) 1868 (Year)

8. AGE: Years 79 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Monroe Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name Joseph Johnson
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Trussel
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mary Hardy
(b) Address Moberly Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Kingfisher Okla.
18. (a) Signature of funeral director Marion E. Million
(b) Address Moberly Mo.
19. (a) 3-31-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1948 hour 10 minute — P. M.

21. I hereby certify that I attended the deceased from 22 Mar 1948 to 30 Mar 1948 that I last saw her alive on 30 Mar 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 2 wks.
Due to arterio sclerosis (Central)
Due to
Other conditions Compression fracture of 6 wks. (Include pregnancy within 3 months of death) 1st lumbar vert.
Major findings:
Of operations
Of autopsy 1866 18

Duration

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

ADDITIONAL SUPPLEMENTARY INFORMATION FILED

23. Signature J. W. Williams Jr. (M. D. ~~or other~~)
Address Moberly Mo. Date signed 31 Mar 48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-48-63
Date Filed APR -7 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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Erma M. Million

Licensed Embalmer No. 3956

P. O. Address Moberly 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.

No. 2B
1-3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 91

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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 Nettie Dawson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 1 (Month) (Day) 1868 (Year)
8. AGE: Years 79 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 8 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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) accident
(b) Date of occurrence Feb. 16, 1948
(c) Where did injury occur? Moberly (City or town) Randolph (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Patient fell backward while getting in a car. (Specify type of place)
While at work? (e) Means of injury Fall
23. Signature [illegible] (M. D.)
Address Moberly, Missouri Date signed

SUPPLEMENTARY

S-9807