

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17227
Registrar's No. 150

FILED JUN 9 1948 294

Registration District No. 294

Primary Registration District No. 2056

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: 832 Myra 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
in this community _____
years, months or days

3. (a) PRINT FULL NAME Irvin F. Dawson

3. (b) If veteran, ☒ name war _____ 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 Effie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 22 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 8 22 hr. min.

9. Birthplace Va 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name David Dawson
13. Birthplace Va 1
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Effie Dawson
(b) Address Moberly Mo
17. (a) Burial (b) Date thereof June 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove
18. (a) Signature of funeral director Mahon and Son
(b) Address Moberly Mo
19. (a) June 1-48 (b) Charles Mahon
(Date received local registrar) (Registrar's signature)

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. 832 Myra
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1948 hour 1 minute 15 P.M.
21. I hereby certify that I attended the deceased from MAY 29 1948
22 1948, to MAY 29 1948
that I last saw him alive on MAY 29 1948
and that death occurred on the date and hour stated above.
Immediate cause of death MYOCARDIAL DE-
GENERATION Duration _____

Due to INFIRMITIES OF AGE

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____ (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 1

23. Signature Chas. W. Harris (M. D. or other) DC
Address 209 E. Coate, Moberly Mo Date signed 6-1-48

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 16 1940

JUN 17 1940

JUL 1 1940

RECEIVED
District Health Officer No. 10
District File Number 6-48-1010
Date Filed JUN 8 - 1940

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 Frank O. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moherly, 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.