

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1948

Registration District No. 251

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 23048

State File No.

27157

Registrar's No.

223

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Frances Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 32 years (Specify whether years, months or days)

3. (a) PRINT Ella (Tooms) Dawson
FULL NAME

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 Esau Dawson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 11 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 7 If less than one day hr. _____ min. _____

9. Birthplace near Craig, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

12. Name Tooms 13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ed Seymour (b) Address Tarkio, Missouri
17. (a) burial (b) Date of removal 8/21/48 (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation Ohio Cemetery

18. (a) Signature of funeral director [Signature] (b) Address Burlington Jct Mo
19. (a) 9-4-48 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Burlington Jct
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No YESX (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1948 hour 7 minute 50 p. M.

21. I hereby certify that I attended the deceased from Jan. 24 1947 to August 18 1948
that I last saw her alive on August 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction
Cancerous growth
Due to chronic myeloid
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None 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) _____
(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) (c) Means of injury _____
23. Signature [Signature] (M. D. or other) [Signature]
Address Burlington Jct Mo Date signed 9/21/48

DISTRICT HEALTH OFFICE
Camden, Mo.

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.....

Licensed Embalmer No. **2965**

P. O. Address **Camden, 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.