

FILED JUL 20 1946
Registration District No. 137

Primary Registration District No. 4215

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Bronington Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bronington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME John Thomas Dadson

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bessie B. Dadson 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased October 2 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Milton Dadson
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie DeLoose
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie B. Dadson

(b) Address Bronington Mo

17. (a) Burial (b) Date thereof 6-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director Jerry Shurt

(b) Address Deepwater Mo

19. (a) 6-14-46 (b) R. K. Ramsey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1946 hour 12 PM M.

21. I hereby certify that I attended the deceased from June 2, 1946 to June 12, 1946
that I last saw him alive on June 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____

Due to _____

Other conditions Chronic myocarditis & Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 1318

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 _____

23. Signature Dr. R. L. Hallingworth M. D. of _____

Address Clinton Mo Date signed 6/13/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18933

RECEIVED

RECEIVED

District Health Officer No. 7,

District No. 5-46-615

Date Filed 6-17-46

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 Tom Hunt

Licensed Embalmer No. 2282

P. O. Address Deepwater, 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.