

**AUG 14 1944**  
Registration District No. **430**

Primary Registration District No. **3023**

Registrar's No. **87**

**1. PLACE OF DEATH:**  
(a) County Johnson  
(b) City or town Warrensburg  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 weeks  
In this community 27 yrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Simia Ann Dawes  
3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife R. F. Dawes 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased June 25 1867  
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Logan Co. Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

**MOTHER FATHER:**  
12. Name Wm. F. Watt  
13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Ann Wainwright  
15. Birthplace Unknown Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Dawes  
(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof July 16 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillip  
(b) Address Warrensburg, Mo.

19. (a) July 15 1944 (b) Bertie Gentry  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 13 year 1940 hour 11:25 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from May 9 1940 to July 13 1940  
that I last saw her alive on July 13 and that death occurred on the date and hour stated above.

Immediate cause of death Infection  
Had Terrible, unrelenting  
for 15 years, resulting in  
Due to gangrene of feet & found  
by surgeon  
Due to \_\_\_\_\_

Other conditions 59  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration \_\_\_\_\_  
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? 991

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L J Schifres (M. D. or other) \_\_\_\_\_  
Address Warrensburg, Mo. Date signed July

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

Rev. 5-17-39  
1 x19311

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 8-1-40

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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.....

.....*Earl Priest*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*Earl Priest*.....

Licensed Embalmer No.....*3878*.....

P. O. Address.....*Warrensburg*.....

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, above space should be left blank.