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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22323**

Registration District No. **625**

Primary Registration District No. **3031**

Registrar's No. **77**

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

1. PLACE OF DEATH:

(a) County Madaway

(b) City or town Hopkins

(c) Name of hospital or institution: None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None

In this community All of Life Time Graham

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway

(c) City or town Spickners Missouri

(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) C

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Daisy Elizabeth Dawson

(b) If veteran, name war No.

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1941 hour 7 minute 40 P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 14 1876

21. I hereby certify that I attended the deceased from June 2nd 1941 to June 4th 1941; that I last saw her alive on June 2nd 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Bladder 2 yrs

8. AGE: Years Months Days If less than one day

64 9 20 hr. min.

Duration

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

9. Birthplace Graham Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Practical Nursing

11. Industry or business _____

12. Name David Dawson

13. Birthplace Ohio

(City, town, or county) (State or foreign country)

14. Maiden name Amelia Champ

15. Birthplace Ohio

(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant D. E. Dawson

(b) Address Spickners Mo.

17. (a) Burial (b) Date thereof _____

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graham Mo.

18. (a) Signature of funeral director Comptell Funeral Home

(b) Address Margaret M.

19. (a) 6-4-41 (b) Walter E. Clardy

(Date received local registrar) (Registrar's signature)

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? 550

(Specify type of place) (e) Means of injury C

23. Signature Eugene L. Brewer (M. D. or other) _____

Address Spickners Mo. Date signed 6-4-41

For Dr. _____ and Embalmer's Statement on Reverse Side)

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.....

W. H. Campbell....., Registered Apprentice No.....
working under my personal supervision.

Signed W. H. Campbell.....

Licensed Embalmer No. 2630

P. O. Address Marshall, W. Va.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Woodaway
(b) City or town _____
(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
in this community _____ years, months or days)

3. (a) PRINT FULL NAME Vaisy Elizabeth 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 S.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased Aug. 14 1876
(Month) (Day) (Year)

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

9. Birthplace _____ (City, town, or county) _____ (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) _____ (b) Date thereof 6-6-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6-4-41 (b) Mamie E. Clardy
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

