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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28969**

Registration District No. **025**

Primary Registration District No. **3031**

Registrar's No. **106**

**1. PLACE OF DEATH:**  
 (a) County Nodaway  
 (b) City or town Maryville, Mo.  
 (c) Name of hospital or institution 902 E. 2nd. St., /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
 In this community 2 weeks  
 (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Willie A. 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** Anna B. Dawson **6. (c) Age of husband or wife if alive** 70 years

**7. Birth date of deceased** February 16, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>5</u>	hr. _____ min.

**9. Birthplace** Stark Co. Illinois  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Farmer

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

**12. Name** Israel S. Dawson

**13. Birthplace** Illinois  
(City, town, or county) (State or foreign country)

**14. Maiden name** Ellie McMillen  
(City, town, or county) (State or foreign country)

**15. Birthplace** Illinois  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Anna B. Dawson

**(b) Address** Maryville, Mo.

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** 8-23-41  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Graham cemetery

**18. (a) Signature of funeral director** Price Funeral Home, Maryville Mo.

**(b) Address** Maryville Mo.

**19. (a) Aug 23 1941** (Date received local registrar) **(b) M. M. E. Clardy** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Nodaway  
 (c) City or town Maryville, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 902 E. 2nd St.,  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Aug day 21  
year 1941 hour 3 minute P. M.

**21. I hereby certify that I attended the deceased from** July 1940, to Aug 31 1941,  
that I last saw him alive on Aug 20 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to Myocardial stenosis

Due to \_\_\_\_\_

Other conditions 92 B  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

**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** W. H. Lane (Name or other) 200

Address Maryville Mo. Date signed 8-22-41

Duration 2 yrs.  
25 yrs.  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed John W. Price

Licensed Embalmer No. 3229

P. O. Address Marquette 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, above space should be left blank.**