

FILLED NOV 14 1941  
Registration District No. 638

Primary Registration District No. 5-8-3-2 4 1 7 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Skidmore (MUN.)  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ (Specify whether)  
In this community Most all Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Skidmore  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22  
year 1941 hour 11.20 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Sept 24  
1941 to death 19\_\_\_\_  
that I last saw her alive on Oct 21 - 1941 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
gastric carcinoma  
Duration \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations H&B  
Of autopsy \_\_\_\_\_  
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 st  
23. Signature R. M. Lilley (M. D. or other) 100  
Address Waintland Mo Date signed 10-24-41

3. (a) PRINT FULL NAME Nellie Ensign Dawson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C. E. Dawson 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Aug 16 1874  
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Skidmore 3m. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

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

12. Name Jared Nelson Long

13. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Mitchell

15. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl J. Newer

(b) Address Skidmore Mo

17. (a) Burial (b) Date thereof 10-24-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graham Mo

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

(b) Address 951 South Main Maryville Mo

19. (a) 10/24/41 (b) Dr. J. C. Manning  
(Date received local registrar) (Registrar's signature)

50 (Licensed Embalmer's Statement on Reverse Side)

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

74  
0  
0

**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..... *William Campbell* .....

Licensed Embalmer No..... *5650* .....

P. O. Address..... *Maryville, 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.**