

FILED MAY 20 1942

Registration District No. 187

Primary Registration District No. 3008

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital No. 19
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 M 8 d
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren 15

(c) City or town New Truston
(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.? 0 years.

3. (a) PRINT FULL NAME Lilise Dawson

3. (b) If veteran, name war _____

3. (c) Social Security No. 070

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1942 hour 7:35 minute _____ P. M.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife J. H. Dawson 6. (c) Age of husband or wife if alive 8-16 years

7. Birth date of deceased April 22 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4/5/1942, to 4/9/1942
that I last saw her alive on 4/19/1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>11</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death Lobar Pneumonia Duration 5 d

Due to Acute Myocarditis 4 days

Due to _____

9. Birthplace 1 Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Isaac Corrette

13. Birthplace 1 Ky
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Pierce

15. Birthplace 1 Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address _____

17. (a) Burial (b) Date thereof 4-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Truston Mo

18. (a) Signature of funeral director Blond A. Jantz

(b) Address Bellflower Mo

19. (a) 4-10-42 (b) Jose Morsinkhoff
(Date received local registrar) (Registrar's signature)

Other conditions 100
(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 George W. Reers (M. D. or other) M. D.

Address Fulton Mo Date signed 4/19/42

1147. (Licensed Embalmer's Statement on Reverse Side)

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

14
12

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

me....., Registered Apprentice No. *2978*
working under my personal supervision.

Signed *David A Jones*.....

Licensed Embalmer No. *2978*.....

P. O. Address *Bellflower 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.