

FILED MAY 20 1949

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18648
Do not use this space.

1. PLACE OF DEATH
(a) County Fulton Registration District No. 274
(b) Township _____ Primary Registration District No. 3052 Registered No. 1335
(c) City Sedalia (d) Street No. Bathwell Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. 2 ds.

2. PRINT FULL NAME Nellie Elizabeth Dawson
(a) Residence, No. Houstonia, Mo. St. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 1913
7. AGE YEARS 39 MONTHS 6 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house super
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houstonia Mo
13. NAME Jess Messer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9
15. MAIDEN NAME Fannie Cummings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9
17. INFORMANT Jess N Dawson
18. BURIAL, CREMATION, OR REMOVAL PLACE Houstonia DATE 4-13 1949
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Westbrook Houstonia, Mo.
20. FILED 4-13 1949 Don Anna Berger Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 - 1949
22. I HEREBY CERTIFY, That I attended deceased from April 1 1949 to April 7 1949
I last saw her alive on April 6 1949. Death is said to have occurred on the date stated above, at 12:20 P.M.
The principal cause of death and related causes of importance were as follows:
Coronary Embolus Date of onset unknown
134 lb
Other contributory causes of importance:
Cranial operation
Stone in gall bladder 1944
Name of operation Cholecystectomy Date of _____
What test confirmed diagnosis? gall bladder Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Wesley James M. D.
(Address) Sedalia Mo 4-7-49

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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 5-19-43

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.....

H. W. Smiley

Licensed Embalmer No.....

3987

P. O. Address.....

Houstonia

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.