

3. No. 2
A-2.43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38345**
Registrar's No. **12**

FILED DEC 8 1943
Registration District No. **8 1943**

Primary Registration District No. **5550**

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00

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

1. PLACE OF DEATH:
(a) County **Howell**
(b) City or town **Adams, mo**
(c) Name of hospital or institution: **Benton Disp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **35 4 15 -** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **mo** (b) County **Howell**
(c) City or town **West Plains**
(If outside city or town limits, write "RURAL")
(d) Street No. **R F 2** (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **Johnny H Dawning**
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **10** day **17** year **1943** hour **3** minute **00 P.** M.
21. I hereby certify that I attended the deceased from **10-4** to **10-17**, 19**43**, that I last saw him alive on **10-17**, 19**43**, and that death occurred on the date and hour stated above.

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**
6. (b) Name of husband or wife **Daphia Dawning** 6. (c) Age of husband or wife if alive **44** years
7. Birth date of deceased **9-11-1892** (Month) (Day) (Year)

Immediate cause of death **Angina**
Duration **2 wks**

8. AGE: Years **51** Months **1** Days **6** If less than one day hr. min.

Due to
Due to

9. Birthplace **Arkansas** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

Other conditions (Include pregnancy within 3 months of death) **94 f**

11. Industry or business
12. Name **John Dawning**
13. Birthplace **Rike Co, mo** (City, town, or county) (State or foreign country)
14. Maiden name **A. M. Craig**
15. Birthplace **Rike Co, mo** (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 **Johnny H Dawning**
(b) Address **Adams mo**

17. (a) **17** (Burial, cremation, or removal) (b) Date thereof **10/18-43** (Month) (Day) (Year)
(c) Place: burial or cremation **Wagon Chapel**

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?

18. (a) Signature of funeral director **Robert**
(b) Address **West Plains mo**

While at work? (Specify type of place) (e) Means of injury **0**

19. (a) **11-15-43** (Date received local registrar) (b) **John H. Beach** (Registrar's signature)

23. Signature **John H. Beach** (M. D. or other) **11-1-43**
Address **Elgin, mo** Date signed

1125 (Licensed Embalmer's Statement on Reverse Side)

Beach

RECEIVED

District Health Officer No. 50

District File Number 1243701

Date Filed 12-7-43

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 *D. S. Roberts*

Licensed Embalmer No. 3437

P. O. Address. *West Haven, Conn.*

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.