

FILED APR 17 1945

Registration District No. 42

Primary Registration District No. 2007

Registrar's No. 99

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

1. PLACE OF DEATH: Butler
 (a) County Butler
 (b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Poplar Bluff Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 Days
(Specify whether
 In this community 8
years, months or days)

3. (a) PRINT FULL NAME Ulla May Dawson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color of W race _____ 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George Dawson 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased June 1 1893
(Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Howell Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William A. Webb
 13. Birthplace Ken.
(City, town, or county) (State or foreign country)
 14. Maiden name Cora Buffington
 15. Birthplace Shannon Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Bennett
 (b) Address Flat River Mo.

17. (a) Burial (b) Date thereof April 1-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dry Valley
 18. (a) Signature of funeral director Phila. Leuckel
 (b) Address Van Buren Mo.

19. (a) 3-4-3-45 (b) Belle Tenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Mo. Carter
 (a) State _____ (b) County 18
 (c) City or town Eastwood
(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 Mar day 28
 year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 3-20 1945 to 3-28 1945
 that I last saw him alive on 3-28-45 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Endocarditis
 Due to Blood stream infection
 Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None
 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 _____

23. Signature [Signature] (M. D. or other) _____
 Address Poplar Bluff Mo. Date signed 4-2-45

RECEIVED

District Health Office No. _____

District File Number 442-2-2

Date Filed APR 11 1945

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bloss Mr

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.