S. No. 2
M—5-42
v. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41358

FILED JAN 11 1946

Registration District No. 141 Primary Registration District No. 5550 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Lanton Bristol Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 41

(c) City or town Lanton
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Laura Alice Dawson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife P. J. Dawson

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased February (Month) 5 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	9	4	hr. min.

9. Birthplace West Plains (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farm wife

11. Industry or business

FATHER
12. Name John Taylor
13. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Ellen Playforth
15. Birthplace (City, town, or county) England (State or foreign country) 11

16. (a) Informant P. J. Dawson
(b) Address Lanton Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation West Plains Cemetery

18. (a) Signature of funeral director Higginbotham Funeral Service
(b) Address Salem, Arkansas

19. (a) 11-16-45 (Date received local registrar) (b) Gladys Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
year 1945 hour 12 30 minute A M.

21. I hereby certify that I attended the deceased from I saw her on 11-8- 1945, to ..... 19..., that I last saw her alive on on 11-8 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart disease

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature O. S. Woods (M. D. or other)
Address Salem Ark Date signed 11-9-45

1519

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 14666
Date Filed 1-7-46

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 J. D. Best

Licensed Embalmer No. MO. 3631

P. O. Address Imboden, Ark.

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.