REC'D DEC 1 9 1938

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

39913
Do not use this space.

1. PLACE OF DEATH
(a) County Newton
(b) Township
(c) City Neosho
(d) Street No. Sale-Bowman 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 609
Primary Registration District No. 4363 Registered No. 124

2. PRINT FULL NAME Julia Francis Dorsey
(a) Residence, No. Racine, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF John M. Dorsey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12th 1866
7. AGE YEARS 72 MONTHS 3 DAYS 29 If LESS than 1 day ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) St. Charles Mo.

FATHER
13. NAME Antony Isenbart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Dora Yust
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Dr. O. A. Sale Neosho, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Racine Mo. DATE 12 13, 1938
19. FUNERAL DIRECTOR (ADDRESS) Burkhart Cem. Mitchell-Chase Seneca, Mo.
20. FILED 12/13 1938 Onala Sale M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1938 to Dec. 11, 1938
I last saw her alive on Dec. 11, 1938 Death is said to have occurred on the date stated above, at 12:50 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	About 1 hour

Other contributory causes of importance:
Senility
Arteriorscelrosis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Onala Sale, M. D.
(Address) Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK. ERASING IS A PERMANENT RECORD

I X12004

STATEMENT BY LICENSED EMBALMER

I, Carly Thompson, Licensed Embalmer No. 3259

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Carly Thompson

L. E.

No. 3259 or by, Registered Apprentice No.

working under my personal supervision.

Signed Carly Thompson

Licensed Embalmer No. 3259

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.)