DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6436

State File No.

MAR 11 1941

Registration District No. 89 | Primary Registration District No. 5134 | Registrar's No. 67

1. PLACE OF DEATH:
(a) County BUTLER
(b) City or town ASH HILL TSP.
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUTLER MO
(c) City or town QULIN R#1 ()
(If outside city or town limits, write "RURAL")
(d) Street No. ()
(If rural, give location)
(e) If foreign born, how long in U. S. A.? () years.

3. (a) PRINT FULL NAME CHARLES HENRY DORNIN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Jane Dornin
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased NOV (Month) 29 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
64	2	14	hr. min.

9. Birthplace EDWARDSVILLE (City, town, or county) ILL. (State or foreign country)
10. Usual occupation FARMING
11. Industry or business
FATHER
12. Name T. C. DORNIN
13. Birthplace (City, town, or county) VA. (State or foreign country)
MOTHER
14. Maiden name MARY BEAL
15. Birthplace (City, town, or county) ENGLAND (State or foreign country)
16. (a) Informant's own signature Mrs Jane Dornin
(b) Address Quelin, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB (Month) 15 (Day) 1941 (Year)
(c) Place: burial or cremation Woodlawn Cemetery
18. (a) Signature of funeral director Lloyd Russell
(b) Address Piggott, Ark.
19. (a) 2/14/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 13
year 1941 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from Feb 13, 1941, to Feb 13, 1941;
that I last saw him alive on Feb 13, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death "Heart failure" suddenly.	
Due to Myocarditis	47 yrs.
Due to wonder part 3 mos (Heating)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature J. Lee Harwell (M. D. or other)
Address Popular Bluff Mo. Date signed 2/14/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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.....

Licensed Embalmer No.....

P. O. Address.....

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.