FILED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19357

State File No. ~~17082~~

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 155

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Milan Mo (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 —

3. (a) PRINT FULL NAME Alva R. Dorsey

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M O

5. Color or race W

6. (a) Single, ~~widowed, married, divorced~~ O

6. (b) Name of husband or wife —

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

7. Birth date of deceased Oct. (Month) 16 (Day) 1865 (Year)

8. AGE: Years 76 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Dresdon (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Retired Janitor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Cleo Hagan

(b) Address Milan, Mo

17. (a) removal (~~Burial, cremation, or removal~~) (b) Date thereof May 24 '41 (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem Milan, Mo.

18. (a) Signature of funeral director Glenn E. Kent

(b) Address Green City, Mo.

19. (a) May 29/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24, year 1941 hour Six minute 25 P.M.

21. I hereby certify that I attended the deceased from December Sixth, 1940, to May 24, 1941; that I last saw him alive on May 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Toxemia

Due to Carcinoma of the Jaw.

Due to Secondary Anemia Due To Several Hemorrhages.

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

Major findings: Of operations No Operations

Of autopsy No 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

23. Signature R. R. Schultz (~~M. D. or other~~) D.O.

Address 100 N Walnut, Kirksville, Mo Date signed 5/24/41

(Licensed Embalmer's Statement on Reverse Side)

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 not embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Glenn E. Kent

Licensed Embalmer No. 1769

P. O. Address Green City Mo

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.