No. 2
—1-4-41
5-17-39
I X26320

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED DEC 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37747

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 294

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 216 - 3rd av - 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Noug. Noyes Hospl (Specify whether

In this community Life (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2 (If outside city or town limits, write "RURAL")

(d) Street No. 216 - 3rd av 4 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes name country

3. (a) PRINT FULL NAME EVERETTE A. DOTHAGE

3. (b) If veteran, name war no

3. (c) Social Security No. 490-07-1959

4. Sex Male

5. Color of race White

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

6. (b) Name of ~~husband~~ or wife Myrtle Grace Burnett

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased JAN (Month) 2 (Day) 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
34	10	1	hr. min.

9. Birthplace Boone Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Filling Station

11. Industry or business Co-op.

FATHER
12. Name Gus E. Dothage
13. Birthplace Warren Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Racy Sapp
15. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Grace M Dothage

(b) Address 213 3rd St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Nashville Cem

18. (a) Signature of funeral director R Ourlett

(b) Address Columbia Mo

19. (a) 11/4/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1941 hour 12.15 minute A. M.

21. I hereby certify that I attended the deceased from Aug 23, 1941, to Nov. 3, 1941 that I last saw him alive on Oct 31, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicaemia Streptococcus alpha prime	3 mo
Due to pulling an infected tooth	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

24a

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 E. D. Baskett (M. D. or other) M.D.

Address Columbia Mo Date signed 11/3/41

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(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~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.