

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14288

FILED MAY 20 1942

Registration District No. 2943

Primary Registration District No. 5423

Registrar's No. 16

1. PLACE OF DEATH:

- (a) County Gasconade
(b) City or town Rural - Brush-Creek Swep.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 yrs
years, months or days

3. (a) PRINT FULL NAME Martha Adeline Dotson

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles Dotson 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Dec 24 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 11 If less than one day
hr. _____ min.

9. Birthplace Phelps Co. 1 N. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

- MOTHER FATHER { 12. Name Hugh Rector
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Roscoe Dotson
(b) Address Owensville, Mo. R.F.D. #3
17. (a) Burial (b) Date thereof: 5-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Warren Cem. Ia. Mo

18. (a) Signature of funeral director J. J. Murray
(b) Address Owensville, Mo
19. (a) May 7, 1942 (b) Alice Kach
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Gasconade
(c) City or town Rural
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1942 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 2, 1942, to May 5, 1942
that I last saw him alive on May 5, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage Duration _____

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Dr. H. H. Bradley (M. D. or other) 00
Address Owensville Mo. Date signed 5/6/42

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

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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 me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address

Ovensville, 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, above space should be left blank.