

FILED SEP 15 1942

Registration District No. 862

Primary Registration District No. 6143

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Texas  
(b) City or town Elk Creek Mo.  
(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 15 mos.  
In this community 15 mos.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas  
(c) City or town Elk Creek Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Jerry Lynn Dotson

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 single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 3 22 hr. min.

9. Birthplace Elk Creek Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Roland Dotson  
13. Birthplace Pa.  
(City, town, or county) (State or foreign country)  
14. Maiden name Minnie Coakley  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roland Dotson  
(b) Address Elk Creek Mo.

17. (a) Burial (b) Date thereof Aug 4 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frederick Cemetery Texas

18. (a) Signature of funeral director Wayford V. Elliott  
(b) Address Cabool Mo.

19. (a) Aug 4 1942 (b) Mrs. Lon Miller  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2  
year 1942 hour 12:05 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 28, 1942 to Aug 2, 1942  
that I last saw him alive on Aug 1, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Strup Throat  
Strup Throat  
Strup Throat  
Due to Strup Throat  
Due to \_\_\_\_\_

Duration

5 da  
3 da

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 Dr. Edgar (M. D. or other) \_\_\_\_\_  
Address Cabool Mo. Date signed Aug 3 1942

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

07  
00  
00

1237

RECEIVED

District Health Officer No. 8,

District File Number 942873

Date Filed 9-14-42

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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. 2252

P. O. Address..... Cabot 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.**