

FILED NOV 13 1942 184

Registration District No.

Primary Registration District No. 3038

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield
(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 29 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

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

(d) Street No. 160 Hunt St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SIMON ANDREW DOLT

3. (b) If veteran, name war:

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1942 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept 10 1942, to Oct 5 1942, that I last saw him alive on Oct 5 1942 and that death occurred on the date and hour stated above.

4. Sex Mo 5. Color of race Wh 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Maudie Dolt 6. (c) Age of husband or wife if alive 19 years (Month) (Day) (Year)

7. Birth date of deceased Jan - 19 - 1873
(Month) (Day) (Year)

Immediate cause of death Diabetic Coma

Due to Diabetes 2 yrs

8. AGE: Years 69 Months 8 Days 18 If less than one day hr. min.

Due to Diabetes 2 yrs

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

10. Usual occupation Retired Peace Officer

Other conditions (Include pregnancy within 3 months of death) 61

MOTHER FATHER

11. Industry or business

12. Name Andrew Dolt

13. Birthplace Albion Louisiana
(City, town, or county) (State or foreign country)

14. Maiden name W. K.

15. Birthplace W. K.
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations

Of autopsy none

Underline the cause to which death should be charged statistically.

16. (a) Informant Dorman Rodgers

(b) Address Brookfield Mo.

17. (a) Burial (b) Date thereof Oct - 9 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Will Funeral Chapel

(b) Address Brookfield Mo.

19. (a) 10-8-1942 (b) W. W. Cowan
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature W. W. Cowan (M. D. or other) 0

Address Brookfield Mo Date signed 10/7/42

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 J. H. Blacklock
Licensed Embalmer No. 2246
P. O. Address Brookfield 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.