U. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7420

State File No.

FILED MAR 11 1943

Registration District No. ~~956~~ 306 309

Primary Registration District No. 4454 6050

Registrar's No. 4

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: Portage De Sioux, Mo
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 42

(a) State Missouri (b) County St. Charles

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Portage De Sioux, Mo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Joseph Harry Dotson

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Olive M. (Stonebraker) Dotson

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

7. Birth date of deceased August (Month) 2 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	5	27	..... hr. ..... min.

9. Birthplace Crawford County (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business .....

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

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

16. (a) Informant Harry Dotson

(b) Address Portage De Sioux, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles Mo

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co

(b) Address 801 N. Second St. Charles, Mo

19. (a) Jan 31-1943 (Date received local registrar) Rose Barnard (Registrar's signature)

677 Sub

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29 year 1943 hour one minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 26, 1943, to Jan 29, 1943 that I last saw him alive on Jan 28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	
Lobar	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 [signature] (M. D. or other)

Address Portage De Sioux Date signed 2/3/43

(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 John E. Dollmeyer

Licensed Embalmer No. 2951

P. O. Address St. Charles 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.