7. S. No. 2
DM—9-4-41
7. 5-17-39
P1 P4 P5

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22130

FILED JUL 10 1943

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 183

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 112 West 5th (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ****
In this community two hours (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Lamonte (If outside city or town limits, write "RURAL") 0
(d) Street No. Route 1 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ronald Dewayne Dooley
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced 0 Single
6. (b) Name of husband or wife ****
6. (c) Age of husband or wife if alive **** years
7. Birth date of deceased May 24, 1943 (Month) (Day) (Year)
8. AGE: Years 0 Months 0 Days 11 If less than one day hr. min.
9. Birthplace Sedalia, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation infant
11. Industry or business
FATHER 12. Name Clyde Dooley
FATHER 13. Birthplace Shannon County, Missouri 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Tressie Bland
MOTHER 15. Birthplace Texas County, Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Clyde Dooley
(b) Address Route 1, Lamonte, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/43 (Month) (Day) (Year)
(c) Place: burial or cremation Prairie Hill Cemetery
18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia, Mo.
19. (a) 6-5-43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1943 hour 2:00 minute P. M.
21. I hereby certify that I attended the deceased from June 4, 1943, to June 5, 1943; that I last saw him alive on June 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Status Lymphaticus (Thymic death)	2 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

64

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 A L Walter (M. D. or other) MD
Address Sedalia Mo Date signed 6-5-43

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 7-2-43

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 Diana Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.