

25759

S. No. 2
4-4-41
5-17-39
X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 9 1943 275

3053

69

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(c) Name of hospital or institution: McFarland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 4 Hr.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps
(c) City or town Rolla - Rural
(If outside city or town limits, write "RURAL.")
(d) Street No. Edgar Springs Star Rt.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frances Marion 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 Married
6. (b) Name of husband or wife Mollie Bray Dotson 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March 9 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Phelps Co MO
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Thomas Dotson
13. Birthplace Unknown 9
(City, town or county) (State or foreign country)
14. Maiden name Ellen Light
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mollie Dotson

(b) Address Edgar Springs, Star Rt. Rolla, Mo

17. (a) Burial (b) Date thereof 7-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First Anol Cem.

18. (a) Signature of funeral director Arthur W. Smith
(b) Address Rolla Mo.

19. (a) 7-27-43 (b) Charles Wheeler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1942 hour 8 minute 11 P. M.

21. I hereby certify that I attended the deceased from July 20 - 1943 to July 20 - 1943
that I last saw him alive on July 20 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull
Due to Accident

Due to _____
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 081
(b) Date of occurrence July 20 - 1943
(c) Where did injury occur? Edgar Springs Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway
While at work? No (Specify type of place)
(e) Means of injury Fell from truck
23. Signature R. E. Greener (M. D. or R.N.)
Address Newburg Mo. Date signed 7-22-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

MO 92 (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 H. Hallow

Licensed Embalmer No. *3643*

P. O. Address *Cuba, 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.