

FILED JAN 3 1949 49  
Registration District No. 1002

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas city mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3215 Campbell St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 40 yrs.  
years, months or days

3. (a) PRINT FULL NAME Cordie K Dotson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female / Color or race white

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

6. (b) Name of husband or wife Walter Dotson

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

7. Birth date of deceased: March 28 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 8 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clay co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Millnarian

11. Industry or business Military Store

12. Name John J. Hall

13. Birthplace Georgetown Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Mary A Cravens

15. Birthplace Oriskany MO  
(City, town, or county) (State or foreign country)

16. (a) Informant H. A. Hall

(b) Address Kearney Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview Kearney Mo

18. (a) Signature of funeral director Leonard Gray

(b) Address Kearney Mo

19. (a) 12-13-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Jackson

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

(d) Street No. 3215 Campbell St 8  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-13, day \_\_\_\_\_  
year 1943 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 19 1943 to Dec 13 1943  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Arterial sclerosis

Due to Senility 830

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature Mary J. Lower (M. D. or other)

Address 4116 Walnut St., Mo. Date signed 12-13-43

Duration

30 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*Leonard Fry*

Licensed Embalmer No.

*1677*

P. O. Address

*Leavenworth 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.