No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 28 1944

Registration District No. 2

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42999

Primary Registration District No. 3043

Registrar's No. 365

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

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 703 Vermont St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion 64
(c) City or town: Hannibal 3
(If outside city or town limits, write "RURAL") 7
(d) Street No.: 703 Vermont St
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Clearence F. Dorsey
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Male
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Oct. (Month) 23 (Day) 1943 (Year)
8. AGE: Years | Months | Days | If less than one day: 2 hr. ..... min.
9. Birthplace: Hannibal (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
FATHER 12. Name: George Dorsey
FATHER 13. Birthplace: Pike (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name: Zella Mae Minor
MOTHER 15. Birthplace: Shelby (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. George Dorsey
(b) Address: Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 24, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Baptish Cemetery
18. (a) Signature of funeral director: Jas. O'Donnell
(b) Address: Hannibal Mo
19. (a) 1/26/43 (Date received local registrar) (b) R. W. Morrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 23 year: 43 hour ..... minute: 1:30 a. M.
21. I hereby certify that I attended the deceased from ..... 19.. to Oct 23 1943 that I last saw him alive on Oct 23 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Neonatal birth trauma	
Due to: Eye to complete	
Due to: Lungs	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 16	
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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature: H. W. Mehl (M. D. or other) Date signed: Oct 23/43
Address: Hannibal

1146 (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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.