

FILED MAR 9 1944
 Registration District No. 307

Primary Registration District No. 6198

1. PLACE OF DEATH:
 (a) County Texas
 (b) City or town Rural Cass Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____ 26 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Texas
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. near Elk Creek mo.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Margaret Evaline Dotson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 5 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Hanaville Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Issac Fugate
 13. Birthplace Va.
(City, town, or county) (State or foreign country)
 14. Maiden name Jane Jesse
 15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roland Dotson
 (b) Address Elk Creek mo.
 17. (a) Burial (b) Date thereof Feb 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bethel Cemetery Cass Twp.
 18. (a) Signature of funeral director Gaylord J. Elliott
 (b) Address Cabool Mo.
 19. (a) Feb 25-44 (b) Mrs. Lou Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
1944 year _____ 7 hour _____ 25 minute _____ P. M.
 21. I hereby certify that I attended the deceased from Jan 4 to Feb 24 1944
 that I last saw her alive on Feb 24 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma neck
 Due to _____
 Due to 55e
 Other conditions 55e
(Include pregnancy within 3 months of death)

Duration

1 yr

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____
 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 Dr. Elcus (M. D. or other) _____
 Address Cabool Mo. Date signed Feb 25

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

1237

44

RECEIVED

District Health Officer No. 5,

District File Number

344194

Date Filed

3-8-44

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

Gaylord V. Elliott

Licensed Embalmer No.

2252

P.O. Address

Cuba MD

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.