

FILED SEP 9 1944

State File No.

Registration District No. 59

Primary Registration District No. 5217

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Archie Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years.
In this community 60 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass
(c) City or town Rural Archie Mo.
(d) Street No.
(e) Citizen of foreign country? (Yes or No) No
If yes, name country:

3. (a) PRINT FULL NAME

Alva Edward Dorsett

3. (b) If veteran, name war No. 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 23 1869

8. AGE: Years 75 Months no Days 8 If less than one day hr. min.

9. Birthplace Putnam Co. Indiana

10. Usual occupation Farmer

11. Industry or business: { 12. Name Jarimah Hadley Dorsett

13. Birthplace Ind.

14. Maiden name Mary Duncan

15. Birthplace Ind.

16. (a) Informant Mrs. Louise Goddard

17. (a) Burial (b) Date thereof Sept. 4

18. (a) Signature of funeral director Atkinson Bros'

19. (a) Sept. 5, 1944 (b) Margaret Talle

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 31 day year 1944 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 30, 1944, to Aug. 31, 1944
that I last saw him alive on Aug. 31, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Cardiac insufficiency

Due to Myocarditis

Other conditions 93e1

Major findings: Of operations 93e1

Of autopsy:

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State) City

(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 0

23. Signature E. E. Robinson (M. D. or other) Adrian Mo.

Date signed 9-4-44

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

MOTHER FATHER

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, *personally*,
....., Registered Apprentice No.
working under my personal supervision.

Signed *Royd Atkinson*
.....
Licensed Embalmer No. *3920*
.....
P. O. Address *Kernsontonville*
.....

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