S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37451

Registration District No. 63 Primary Registration District No. 5241 Registrar's No.

1. PLACE OF DEATH:

(a) County Cedar County

(b) City or town Rural-Madison Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXX

XXXX (If not in hospital or institution, write street number or location)

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

In this community XXXXXX years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEDAR

(c) City or town Rural-Madison Township (If outside city or town limits, write "RURAL")

(d) Street No. XXXX (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country XXX

3. (a) PRINT FULL NAME AUSTIN DOTSON

3. (b) If veteran, name war XXX

3. (c) Social Security No. XX

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife XXX

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

7. Birth date of deceased MAR. (Month) 12, (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	6	0	XXXXXXX min.

9. Birthplace Cedar Co., Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XXX

FATHER
12. Name John Dotson
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nettie Gothard
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs A E Baker

(b) Address Bartlesville, Oklahoma

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address STOCKTON, MISSOURI

19. (a) Nov 2, 44 (Date received local registrar) (b) Floyd Sparks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1944 hour 1 minute 00 P M.

21. I hereby certify that I attended the deceased from June 7th, 1944, to 9/9/ 1944 that I last saw him alive on Sept, 9th 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs
With Senile Dementia	6 M.
~~Due to~~	
Inactive Pul. Tuberculosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 12 fl

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr R F Wilson (M. D. or other) DO

Address Fair Play Mo Date signed 9/19/44

(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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.