

S. No. 2  
M-2-43  
5-17-39  
P 1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1838

FILED JAN 20 1945

State File No. \_\_\_\_\_

Registration District No. 4-7

Primary Registration District No. 3028 3163

Registrar's No. 410

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Rural *Cote sans dessein*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2 miles north of Cote sans dessein  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No  
(Specify whether  
In this community 10 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2907 Chelsey Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas William Dorsey

3. (b) If veteran. name war No  
3. (c) Social Security No. No

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

6. (b) Name of husband or wife Lucinda Dorsey  
6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased 9 (Month) 9 (Day) 1874 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>3</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation Sign painter

11. Industry or business \_\_\_\_\_

12. Name Lawrence Dorsey

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

14. Maiden name Mary Rudd

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

16. (a) Informant Thomas Dorsey

(b) Address Chicago, Illinois

17. (a) Burial (b) Date thereof 12/18/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director Ray A. Holt

(b) Address New Bloomfield, Mo.

19. (a) 12-17-1944 (b) Jose M. Masnikoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15  
year 1944 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 5, 1944 to Dec 15, 1944  
that I last saw him alive on Dec 15, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to \_\_\_\_\_

Due to g2

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 E. M. Masnikoff (M. D. or other)

Address New Bloomfield, Mo. Date signed 12/17/44

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

400

MOTHER FATHER

114

RECEIVED

District Health Officer No.

District File Number

Date Filed 1-19-45

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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.....

LeRoy Claypool.....

Registered Apprentice No. 374

working under my personal supervision.

Signed.....

*Ray W. Halls*

Licensed Embalmer No. 2605

P. O. Address New Bloomfield, 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.**