. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16856

FILED MAY 18 1940

Registration District No. 1300 Primary Registration District No. 5444 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Gentry

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

(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 (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry

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

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

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

If yes, name country

3. (a) PRINT FULL NAME George Fielding Dorsey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Harriet Naple

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept (Month) 20 (Day) 1869 (Year)

8. AGE: Years 75 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Gentry Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jonathan Dorsey
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Margaret Jackson
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Fred Walker
(b) Address Albany, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/45 (Month) (Day) (Year)
(c) Place: burial or cremation Hewitt

18. (a) Signature of funeral director Clifford Brown
(b) Address Albany Mo

19. (a) May 3-1945 (Date received local registrar) (b) Homer W. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1945 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 27-45, 19__, to May 1, 1945 that I last saw him alive on May 1, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of rectum	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 2/6d
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 C. J. Pray (M. D. or other)
Address Albany, Mo. Date signed 5-2-45

1108

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 me, Registered Apprentice No. , working under my personal supervision.

Signed C. Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.