S. No. 2
M—8-43
r. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36503

Registration District No. 2 Primary Registration District No. 2017 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town near Savannah (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nodaway Township (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town near Savannah 0 (If outside city or town limits, write "RURAL")
(d) Street No. Nodaway Township 0 (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hattie Mae Dorrell
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 5 (Day) 1880 (Year)
8. AGE: Years 65 Months 9 Days 26 If less than one day hr. min.
9. Birthplace Andrew Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name John Oliver
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Martha Brown
15. Birthplace Un Known 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mildred Shank
(b) Address Savannah Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 11-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah
18. (a) Signature of funeral director E. C. Brett
(b) Address Savannah Mo
19. (a) 11-1-45 (Date received local registrar) (b) Lillian Spark (Registrar signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1 year 1945 hour 6 minute 0 A.M.
21. I hereby certify that I attended the deceased from Sept 29, 1945 to Oct 26, 1945 that I last saw him alive on Oct 26, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death [illegible]	30 days
Due to Arteriosclerosis of Heart	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 0
23. Signature B. P. Melling (M. D. or other)
Address Savannah Date signed 11-1-45

1426 (Licensed Embalmer's Statement on Reverse Side)

JAN 21 1946

DEC 27 1945

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Sarmah Ms

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.