No. 2
-8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41705

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 619

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: 212 W Park St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL")

(d) Street No. 212 W Park St. 2
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Jennettie C. Dorman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race White

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

6. (b) Name of husband or wife Ernest H. Dorman

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

7. Birth date of deceased Nov Dec (Month) 10 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	1	10	hr. min.

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

10. Usual occupation At Homes

11. Industry or business

FATHER
12. Name Arthur Osborn 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah C. Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant W J Manley 1
(b) Address Brookfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Homer Bowden
(b) Address Brookfield Mo

19. (a) 12/20/45 (Date received local registrar) (b) Evelyn Kelley, Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1945 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8/20-43, 19 , to 12/18, 1945
that I last saw her alive on 12/18-45, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic congestion of lungs	10 days
Due to Heart weakness and old age.	
Due to	
Other conditions Cancer of nose with possible internal involvement (Include pregnancy within 3 months of death)	4 years

Major findings:
Of operations ✓
Of autopsy ✓

53

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 Mark H Rhoads (M. D. or other) M.D.
Address Brookfield Mo Date signed 12/19-45

1468 (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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Homer L Berden

Licensed Embalmer No. 3295

P. O. Address Brookfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.