S. No. 2
M—2-43
. 5-17-39
I X35697

100007

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1920

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Community Nursing Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital (Specify whether In this community 4 mos 3 wks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair

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

(d) Street No. 421 W. Dodson (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alonza Dobbs

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Minnie Dobbs

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased May (Month) 13 (Day) 1855 (Year)

8. AGE: Years 90 Months 3 Days 7 If less than one day hr. min.

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

10. Usual occupation Laundryman

11. Industry or business

FATHER
12. Name George Dobbs
13. Birthplace (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Mandy Sidwell
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Orville Dobbs

(b) Address Kirksville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Kirksville Mo.

18. (a) Signature of funeral director E. E. Hopper

(b) Address Clarence Mo

19. (a) 12-27-45 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1945 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 1 1945 to Dec 21 1945 that I last saw him alive on Dec 20 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure — Duration mins

Due to Hypertensive Heart Disease — yrs

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? Means of injury

23. Signature Geo. F. Davison (M. D. or other) D.O.

Address Kirksville, Mo Date signed 12-21-45

(Licensed Embalmer's Statement on Reverse Side)

Clint Hughes.
Dexter Forest Cemetery

RECEIVED
District Health Officer No. *
District File Number 1-46-54
Date Filed JAN 23 1946

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 Louis E. Hopper

Licensed Embalmer No. 4261

P. O. Address Lawrence, 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.