

FILED JUN 20 1946 STANDARD CERTIFICATE OF DEATH

State File No.

133

Registration District No. 77

Primary Registration District No. 3016

Registrar's No.

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Jefferson City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
224 E. Ashley 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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
 (c) City or town Jefferson City, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 224 E. Ashley 4
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Bessie Dorton

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

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Charley Dorton 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 11-11-1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 12 6 20 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Unknown 9
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown 9
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Frances Lee

(b) Address 224 E. Ashley St

17. (a) Burial (b) Date thereof 6-4-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loggins Cemetery

18. (a) Signature of funeral director Jimmie Brown

(b) Address 708 Jefferson

19. (a) 6-4-46 (b) R. P. Derricks
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 1
 year 46 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from 3/10, 1946, to 6/11/46, 1946;
 that I last saw her alive on 5/29/46, 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage. Duration 3 weeks.

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 830
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature David Baker M.D. (M. D. or other)
 Address Jefferson City, Mo. Date signed 6/19/46

7-3-46. WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-10-46

JUL 2 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 J. W. Anderson

Licensed Embalmer No. 3641

P. O. Address J. W. Anderson

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.