S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22729

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 790

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City ~~or town~~ St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 2. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs. 10 Mos. 27 days (Specify whether)
In this community 5 years 10 months 27 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 11
(c) City ~~or town~~ Kansas City (If outside city or town limits, write "RURAL") 7
(d) Street No. 2444 Campbell St. (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Floyd DoTSON
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Separated 1
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased 8 (Month) – 7 (Day) – 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	10	28	hr. min.

9. Birthplace Fort Scott (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation Cook and railroad work.
11. Industry or business Cook and R.R. work.

FATHER
12. Name Phad P. Dotson
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country) 1

MOTHER
14. Maiden name Eliza Choran
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country) 1

16. (a) Informant Mrs. Maggie Morgan
(b) Address 2444 Campbell St. K. C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 11 (Day) 46 (Year)
(c) Place: burial or cremation State Hospital No. 2
18. (a) Signature of funeral director Wm. H. Alexander
(b) Address 1602 Missouri
19. (a) July 15, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5 year 1946 hour 8 minute — P.M.
21. I hereby certify that I attended the deceased from 3-1-, 1943 to 7-5-, 1946 that I last saw him alive on 7-5-, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	5 days
Due to Edema of Brain	1 week
Due to Status epilepticus	1 week

Other conditions Degeneration of left Pons Pareris (Include pregnancy within 3 months of death)

Major findings:
Of operations 40
Of autopsy Hypostatic Pneumonia – Edema of Brain – Status epilepticus Pareris

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 J. H. Morrigway (M. D. or other)
Address State Hospital No. 2 St. Joseph, Mo. Date signed 7-5-46.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed ~~by me, or by~~ Wm. H. Alexander, Registered Apprentice No. 402, working under my personal supervision.

Signed Frank H. Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.