

Registration District No. **50** Primary Registration District No. **5178** Registrar's No. **46**

1. PLACE OF DEATH:
(a) County **Camden**
(b) City or town **Camdenton Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Farm Home - N. F. W. Physicians**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **7 years** - (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Camden 15**
(c) City or town **Camdenton Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Farm Home** ~~1000~~
(If rural, give location) **P. F. W.**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Thomas M Dozier**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex **male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Nov 14 1881**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **4** year **1946** hour **7:30** minute **0** M.
21. I hereby certify that I attended the deceased from **Oct 6** 19**46** at about **9 PM**, 19____ that I last saw _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
coronary occlusion
Due to _____
Due to **natural cause**
Other conditions (include pregnancy within 3 months of death) _____
Major findings: **94A**
Of operations _____
Of autopsy **none**

8. AGE: Years Months Days If less than one day
64 10 20 hr. min.
9. Birthplace **Kansas City Mo**
(City, town, or county) (State or foreign country)
10. Usual occupation **Poultry Farm**
11. Industry or business _____
12. Name **D. W. Dozier** 9
13. Birthplace **unknown** 7
(City, town, or county) (State or foreign country)
14. Maiden name **Mary (?)**
15. Birthplace **unknown** 7
(City, town, or county) (State or foreign country)
16. (a) Informant **Papers -**
(b) Address _____
17. (a) **Burial** (b) Date thereof **Oct 9-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Daughlin Cem**
18. (a) Signature of funeral director **G. Jackson - Wooley**
(b) Address **Camdenton Mo**
19. (a) **Nov. 23 1946** (b) **Zilpha J. Jones**
(Date received local registrar) (Registrar's signature)

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?
on farm in timber [his own]
While at work? **yes** (Specify type of place) (e) Means of injury **Stroke**
23. Signature **D. W. Wooley** Coroner **3**
(M. D. or other)
Address **Camdenton Mo** Date signed **Oct 46**

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

RECEIVED
Health Officer No. 7,
District No. 10-46-3019
Date Filed 11-27-46

DEC 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 *A. B. Benson Woolery*
Licensed Embalmer No. 2488
P. O. Address *Camberton Md*

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.