

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41657

FILED DEC 20 1946

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Pulaski

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

(c) Name of hospital or institution: Waynesville General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Edna Marie Dotson

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

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th
year 1946 hour 12:46 minute _____ A.M.

21. I hereby certify that I attended the deceased from Dec 3
1946 to Dec 10, 1946
that I last saw her alive on Dec 9, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

13 8 _____ hr. _____ min.

Immediate cause of death Cardiac failure Duration 1 day

Due to Nephritis, acute 7 wks

Due to Pneumonia one wk

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER

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

10. Usual occupation Student

11. Industry or business _____

12. Name Bluford Jackson Dotson

13. Birthplace Owensville, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Dora Belle Basch

15. Birthplace Owensville Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Bluford Jackson Dotson

(b) Address Owensville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Liberty Baptist Ch.
Waynesville, Mo.

18. (a) Signature of funeral director _____
(b) Address Cuba, Mo.

19. (a) 12/18/46 (Date received local registrar) (b) Lewis B. McClintock (Registrar's signature)

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 _____

Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 12-15-46

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

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(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 embalmed by me, or by.....

Paul C. Franklin
....., Registered Apprentice No.
working under my personal supervision.

Signed *Paul C. Franklin*
.....
Licensed Embalmer No. *3472*
P. O. Address *Cuba, 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.