

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4651**
Registrar's No. **138**

Registration District No. **139** Primary Registration District No. **5736**

1. PLACE OF DEATH:
(a) County **Holt**
(b) City or town **Oregon Rural Lewis**
(c) Name of hospital or institution:
Oregon, Mo. Rural Route #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
In this community **Lifetime** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Holt**
(c) City or town **Oregon Rural**
(d) Street No. **Rural Route #1**
(e) Citizen of foreign country? **No**
If yes, name country *****

3. (a) PRINT FULL NAME **William G. S. Dorsel**
(b) If veteran, name war **None**
(c) Social Security No. **488-14-9605**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **26**
year **1947** hour **6** minute **00** A.M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
(b) Name of husband or wife **Hattie**
(c) Age of husband or wife if alive **48** years
7. Birth date of deceased **May 19 1865**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 19 1946** to **24 Feb 1947**
that I last saw him alive on **24 Feb 1947**
and that death occurred on the date and hour stated above.

8. AGE: Years **81** Months **9** Days **7**
If less than one day hr. min.

Immediate cause of death **Carcinomatosis, generalized** Duration **6 months**
Due to **Ca. of rectum**

9. Birthplace **Amazonia Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Warehouse employee**

Other conditions: **4/6/47**
(Include pregnancy within 3 months of death)
Major findings: **Colostomy July 1946, results generalized Ca. of unknown**

MOTHER FATHER
11. Industry or business **St. Joseph Railway Co.**
12. Name **Charles Dorsel**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna**
15. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)

Physician **—**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Florence Noellsch**
(b) Address **Oregon, Missouri**
17. (a) **Burial** (b) Date thereof **Feb. 28, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Mora Cemetery**
18. (a) Signature of funeral director **Norman W. S. Douglas**
(b) Address **1802 Union St. St. Joseph, Mo.**
19. (a) **Feb 29 1947** (b) **[Signature]**
(Date received local registrar) (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? _____
(Specify type of place)
While at work? _____ (e) Means of injury **0**
23. Signature **Wilbur B. McDonald** (M. D. or other) **M.D.**
Address **301 N. 8th St.** Date signed **26 Feb 47**

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

AUG 21 1997

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 Elmer Thomas

Licensed Embalmer No. 2640

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.