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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33645

FILED OCT 16 1947

Registration District No. 80

Primary Registration District No. 4036

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: 9th & Spruce
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 75 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

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

(d) Street No. 9th & Spruce
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Dotson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

6. (a) ~~Single,~~ widowed, ~~married,~~ ~~divorced~~ 2

6. (b) Name of husband or wife Stephen C. Dotson

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased March (Month) 25 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	6	13	— hr. — min.

9. Birthplace (City, town, or county) West Virginia (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name David Barnard
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Rhoda Grant
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. W. H. Fox
(b) Address 9th & Spruce Rich Hill

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10-10-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Greenlawn

18. (a) Signature of funeral director Booth
(b) Address 510 E Park Rich Hill Mo

19. (a) 10-10-1947 (Date received local registrar) (b) Mrs. Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1947 hour 2 minute P M.

21. I hereby certify that I attended the deceased from March 1, 1947, to Oct 8, 1947;
that I last saw h[illegible] alive on Oct 8, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

93D

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other)
Address Rich Hill Mo Date signed Oct 10 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 7,
District File Number 9-47-1198
Date filed 10-15-47

OCT 28 1947

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 Harold M. Dougl[illegible] Registered Apprentice No. 410, working under my personal supervision.

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.