No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39085

FILED NOV 28 1947

Registration District No. ..... Primary Registration District No. 5867 Registrar's No. .....

1. PLACE OF DEATH:
(a) County: Oregon
(b) City or town: Thayer (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Oregon 75
(c) City or town: Thayer (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Irma Jeweline Doran
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: February (Month) 4 (Day) 1941 (Year)

8. AGE: Years	Months	Days	If less than one day
6	8	29	hr. ..... min.

9. Birthplace: Garfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Student
11. Industry or business .....

MOTHER FATHER
12. Name: Clifton Doran
13. Birthplace: Elms Store (City, town, or county) Arkansas (State or foreign country)
14. Maiden name: Dolly Davis
15. Birthplace: Elms Store (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant: Clifton Doran
(b) Address: Myrtle, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Myrtle, Mo. Co.
18. (a) Signature of funeral director: Leland Carter
(b) Address: Thayer, Mo.
19. (a) Nov. 24, 1947 (Date received local registrar) (b) Edith Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 3
year: 1947 hour: 6 minute: 15 P.M.
21. I hereby certify that I attended the deceased from Nov 2, 1947 to Nov 3, 1947, that I last saw him alive on Nov 2, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture Skull - Fracture of Right Femur - Shock
Due to: Run over by Automobile
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations: 170 C-8, 21 D8
Of autopsy .....

Duration

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident 75
(b) Date of occurrence: Nov 3, 1947 4:30 PM
(c) Where did injury occur? Oregon (City or town) Oregon (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway while walking off School Bus (specify type of place)
(e) Means of injury: Car
23. Signature: C. W. Cowan (M. D. or other) M.D.
Address: Thayer Mo. Date: Nov 21 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 5,
District File Number 147684
Date Filed 11-26-47

NOV 29 1950

APR 17 1951

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.