

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 8 1948  
Registration District No. 138

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 43

Primary Registration District No. 4219

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

1. PLACE OF DEATH:  
(a) County Hickory  
(b) City or town Weaubleau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 1/2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Florence Dorman  
3. (b) If veteran, name war World War I  
3. (c) Social Security No. 24

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 4 17 1870  
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Nemo, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Thomas Edmonson

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

14. Maiden name Francis L. Davis

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

16. (a) Informant Mrs Cecil Walker

(b) Address Hermitage, Mo

17. (a) Burial (b) Date thereof 12-7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nemo Cemetery

18. (a) Signature of funeral director Hubert Hathaway

(b) Address Wheatland, Mo

19. (a) Jan 3-1948 (b) W. P. Hargiss  
(Date received local registrar) (Registrar's Signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5  
year 1947 hour 12 minute 10 P. M.  
21. I hereby certify that I attended the deceased from September 17 to December 5, 1947  
that I last saw her alive on December 4, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
- Of operations \_\_\_\_\_  
- Of autopsy \_\_\_\_\_

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) (a) Means of injury \_\_\_\_\_

23. Signature L. G. Robinson (M.D.)  
Address Humansville, Mo. Date signed 12/6/47

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 7,  
District File Number 12-47-202  
Date Filed 1-9-48

RECEIVED  
District Health Officer No. 7,  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_

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 \_\_\_\_\_

F. B. Kennedy, Registered Apprentice No. 419  
working under my personal supervision.

Signed Chas. S. Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.