S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1948

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 29453

Registrar's No. 840

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Texas 107

(c) City or town: Elk City, Missouri (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:

3. (a) PRINT FULL NAME: Roland Dotson

3. (b) If veteran, name war: Unknown

3. (c) Social Security No.: 2

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Minnie Dotson

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: December 25, 1896 (Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days 6 If less than one day hr. min.

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

10. Usual occupation: Well Drilling

11. Industry or business:

FATHER 12. Name: John Dotson

13. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER 14. Maiden name: Margaret Fugate

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

16. (a) Informant: Mrs. Minnie Dotson

(b) Address: Elk Creek, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10/2/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Cabool, Missouri

18. (a) Signature of funeral director: Gorman-Scharpf Funeral Home

(b) Address: Springfield, Missouri

19. (a) 10-4-48 (Date received local registrar) (b) M. Hardy M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 24, 1948 to Oct 2, 1948 and that death occurred on the date and hour stated above. I last saw him alive on Oct 1, 1948

	Duration
Immediate cause of death: Nephritis, acute glomerular, with anuria. Ureteritis	4 days
Due to: Nephrolithiasis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): 30	

Major findings: Of operations: ~~Nephritis, acute~~

Of autopsy: Nephritis, ureteritis: Calculi

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:

23. Signature: [illegible] (M. D.)

Address: 6 E Chestnut Ft Date signed: Oct 2 48

(Licensed Embalmer's Statement on Reverse Side)

OCT 13 1948

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 Gene C. Hunter, Registered Apprentice No. 291, working under my personal supervision.

Signed L. Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.