

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

30317

State File No. _____

Registrar's No. 190

Registration District No. 385

Primary Registration District No. 3039

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

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Marceline
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 26 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lincoln ST
(c) City or town Marceline
(If outside city or town limits, write "RURAL")
(d) Street No. Dora ST (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME James Thomas Dorrell
3. (b) If veteran _____ name war _____
3. (c) Social Security No. 562-34-8382

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept, day 20, year 1948 hour _____ minute 45 AM.
21. I hereby certify that I attended the deceased from Sept 11, 1948 to Sept 21, 1948 that I last saw him alive on Sept 21, 1948 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Raura Cook Dorrell
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased November 2 1868
(Month) (Day) (Year)

Immediate cause of death Cerebral Thrombosis
Due to Atherosclerosis
Hypertension
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
-Of operations _____
-Of autopsy _____

8. AGE: Years 79 Months 10 Days 19 If less than one day _____ hr. _____ min.
9. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

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? _____
23. Signature Rabeical Smith (M. D. or _____)
Address Marceline, MO Date signed Sept 23 1948

MOTHER FATHER
11. Industry or business _____
12. Name James Alex Dorrell
13. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jane Compton
15. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Ervin Dorrell
(b) Address Marceline Mo
17. (a) Burial (b) Date thereof Sept 21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Int Oliver
18. (a) Signature of funeral director James M. Mangham
(b) Address Marceline Mo
19. (a) 9/23/48 (b) Mrs. Jane Owens
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER
SEMPER PARCELS
SEMPER, INC.

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..... *Dale P. Smith*

Licensed Embalmer No. *4088*

P. O. Address..... *Marsden, 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.