S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 27 1948

Registration District No. 35

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

DELAYED

Primary Registration District No. 5877

State File No. 30528

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Oregon

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Alton (Rural) 3
(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 Mellie Dotson

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Johnt Dotson

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

7. Birth date of deceased May (Month) 25 (Day) 1868 (Year)

8. AGE: Years 79 | Months 10 | Days 5 | If less than one day hr. min.

9. Birthplace Alton (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name William Mullins
13. Birthplace (City, town, or county) Tennessee (State or foreign country) 1

MOTHER
14. Maiden name Rena Jones
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant S. L. Dotson
(b) Address Couch, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation Huddleston Cem.

18. (a) Signature of funeral director Leland Carter
(b) Address Thayer, Mo.

19. (a) 9-24/48 (Date received local registrar) (b) Mrs W C Johnson (Registrar's signature) 22

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1948 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from march 28, 1948, to march 30, 1948 that I last saw her alive on march 28, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Bowel obstruction

Due to Cancer of ascending Colon

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

46E

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 J E Williams (M. D. or other)

Address Doniphan Mo Date signed 9/14/48

(Licensed Embalmer's Statement on Reverse Side)

J E Williams Doniphan

RECEIVED 9-25-48
District Health Officer No. 5,
District File Number 9-25-48
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.....

....., 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.