

FEDERAL SECURITY AGENCY
 National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

FILED OCT 6 1948
 Registration District No.

Primary Registration District No. 6103

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

1. PLACE OF DEATH:
 (a) County Scottland
 (b) City or town Arbela
 (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 entire life years, months or days

3. (a) PRINT FULL NAME John Hamilton Dorsey
 3. (b) If veteran, name war
 3. (c) Social Security No. 4

4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Maggie E. Dorsey 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased Dec 15 1861 (Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 7 If less than one day hr. min.

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

10. Usual occupation Farming

MOTHER FATHER
 11. Industry or business
 12. Name Andrew J. Dorsey
 13. Birthplace Ohio (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Maggie E Dorsey
 (b) Address Arbela Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 48 (Month) (Day) (Year)
 (c) Place: burial or cremation Hickory Grove Church Arbela
 18. (a) Signature of funeral director Wm Phillips
 (b) Address Memphis
 19. (a) 9/24/48 (Date received local registrar) (b) Wm Phillips (Registrar's signature) 407

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 22 year 1948 hour 3 minute 0 M.
 21. I hereby certify that I attended the deceased from Sept 14 1948, to Sept 22 1948, that I last saw him dead alive on Sept 22 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
 Duration 6 months
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
 Major findings: 936
 Of operations _____
 Of autopsy _____
 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 _____
 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) (e) Means of injury _____
 23. Signature Wm Phillips (M. D. or other) _____
 Address Memphis Mo Date signed 9/24/48

RECEIVED

District *11* Officer No. *10*

District File Number *10-48-1740*

Date Filed *OCT 5 - 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Fred Girth*

Licensed Embalmer No. *4256*

P. O. Address *Memphis*

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.