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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34072

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8988

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 3871 Botanical Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3871 Botanical Avenue (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME IDA MAE DORSEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Clarence

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased September 10, 1897 (Month) (Day) (Year)

8. AGE: Years 51 Months 1 Days 5 If less than one day hr. min.

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

10. Usual occupation House-wife

11. Industry or business At Home

FATHER
12. Name Tom Kennedy
13. Birthplace Wayne County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lilly Fryman
15. Birthplace Wayne County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Dorsey

(b) Address 3871 Botanical Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-18-48 (Month) (Day) (Year)

(c) Place: burial or cremation Coldwater, Missouri

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) OCT 17 1948 (Date received local registrar) (b) J. B. Lassler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th year 1948 hour 11:50 minute a M.

21. I hereby certify that I attended the deceased from Jan. 1947, 19__, to Oct 15, 1948 that I last saw her alive on Oct 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Sigmoid Colon

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration 2 yrs.

46

Major findings: Of operations Jan. 1947 Resection Ca of Sigmoid Jan. 1948 Colostomy

Of autopsy

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 Edward J. Helbing (M. D. or other) MD

Address 3903 Olive St. Louis, Mo. Date signed 10-16-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Edw. Helbing
3903 Olive Street
Je. 7562

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 C W Cooper

Licensed Embalmer No. 3850

P. O. Address 3301 Lafayette Ave

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.