

MISSOURI 6 239

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1458
Do not use this space.

1. PLACE OF DEATH

(a) Count, Andrew, Registration District No. 13
 (b) Township, Primary Registration District No. 4010 Registered No. _____
 (c) City, Savannah, (d) Street No. Savannah, Mo. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Henry Allen Dorrell,

(a) Residence, No. Savannah, Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Etchison Dorrell,		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11th, 1854		
7. AGE	YEARS	MONTHS
	34	2
		DAYS
		2
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer,		
9. Industry or business in which work was done, as saw mill, bank, etc. Farm,		
10. Date deceased last worked at this occupation (month and year) January 1919		
11. Total time (years) spent in this occupation 43		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County, Missouri,		
13. NAME William Dorrell,		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,		
15. MAIDEN NAME Polly Craig,		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,		
17. INFORMANT (ADDRESS) Miss Pearl Brand Savannah, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah, Mo. DATE Jan'y 15, 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank A. Bauman Savannah, Mo.		
20. FILED Jan'y 14, 1939 Miss A. King Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan'y 13th, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 3, 1939, to Jan 13th, 1939**
 last saw him alive on **Jan 13, 1939** at **6:50 a.m.** Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Pleurisy complicated with influenza
old age

Other contributory causes of importance: **old age**

Name of operation **none** Date of _____
 What test confirmed diagnosis? **none** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify _____
 (Signed) **J. C. Hooper, M. D.**
 (Address) **Savannah, Mo.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

250

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, Jan 13, 19

or by

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

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 219 So. 10th St. Memphis, Tenn.

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, above space should be left blank.