

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Clinton
 (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 Life time years, months or days 655

3. (a) PRINT FULL NAME OSCAR M. DORMAN

3. (b) If veteran, name war. -- 3. (c) Social Security No. --

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased 3 10 1862
 (Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation merchant

11. Industry or business _____

12. Name J. G. Dorman

13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

14. Maiden name Roseanna Miller

15. Birthplace Baltimore Maryland
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Oscar M. Dorman

(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof Oct-24-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Engelwood

18. (a) Signature of funeral director Fred Wilkerson

(b) Address Clinton Mo.

19. (a) 10-30-39 (b) Dr. R. D. Campbell
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
 (c) City or town Clinton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 302 W. Franklin
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
 year 1939 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 1, 1937 to Oct 22, 1939
 that I last saw him alive on Oct 21, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature Joseph B. Miller (M. D. or other)

Address Clinton, Mo. Date signed Oct 23 1939

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

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1516

Date Filed 10-6-39

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. 2478

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, above space should be left blank.