

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County: Henry City

(b) City or town: Blinton, Mo.
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Henry 042

(c) City or town: Blinton, Mo. 8 1/2
(If outside city or town limits, write "RURAL")

(d) Street No.: 221 North Main
(If Rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: William H. Dorman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 7
year 1941 hour 11:00 A.M. minute _____ M.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Anna L. Dorman

6. (c) Age of husband or wife if alive _____ years
(Month) Oct (Day) 18 (Year) 1855

21. I hereby certify that I attended the deceased from 1934
to Nov 7 1941
that I last saw him alive on Nov 7 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary (permeal) 48 hrs

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>		<u>28</u>	hr. _____ min. _____

Due to: Cerebral Hemorrhage

Due to: Thrombolytic

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

9. Birthplace: Blinton, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Merchant

PHYSICIAN

Major findings:
Of operations: _____

Of autopsy: _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name: J. S. Dorman

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

14. Maiden name: Adelphia Miller

15. Birthplace: Quincy Ill
(City, town, or county) (State or foreign country)

16. (a) Informant: Anna L. Dorman

(b) Address: Blinton, Mo.

17. (a) Burial (b) Date thereof: 11-9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____ Means of injury _____

23. Signature: S. M. Wolcott (M. D. or other) _____
Address: Keokuk Date signed: 11/8/41

(c) Place: burial or cremation: Englewood

18. (a) Signature of funeral director: Fred Wilkinson

(b) Address: Blinton, Mo.

19. (a) 11-8-41 (b) H. G. R. H. Supton
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7.

District File Number 11-41-1918

Date Filed 11-24-41

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.