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FILED FEB 28 1947

Registration District No. 3023 Primary Registration District No. 3023

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:  
Parents Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks. 4  
(Specify whether)

In this community 15 yr.  
(years, months or days)

3. (a) PRINT FULL NAME John Benjamin Dorman

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 7-5-1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 7 11 hr. min.

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business —

12. Name William Dorman

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

14. Maiden name Rebecca Hancock

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

16. (a) Informant Mr. W. M. King

(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 2-18-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director —

(b) Address Clinton Mo.

19. (a) 2-17-47 (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry

(c) City or town Clinton  
(If outside city or town limits, write "RURAL")

(d) Street No. Road 7th Clinton  
(If rural, give location)

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

If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16  
year 1947 hour 7:30 minute 0 M.

21. I hereby certify that I attended the deceased from 2/4, 1947, to 2/16, 1947  
that I last saw him alive on 2/16 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia

Due to —

Due to —

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

Major findings: 162A

Of operations —

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, or public place? —

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

23. Signature E. C. Dieler (M. D. or other)

Address Clinton Mo Date signed 2/17/47

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Case No. 24-14-1

**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.....

*Fred E. Williams*....., Registered Apprentice No. 434  
working under my personal supervision.

Signed.....  
*Fred E. Williams*

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, fact should be so stated above.**