

Registration District No. 73

Primary Registration District No. 3006

State File No. _____

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

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

In this community Don't Know years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone¹⁰

(c) City or town Columbia³
(If outside city or town limits, write "RURAL")

(d) Street No. 107 Allen St.⁴
(If rural, give location)

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

3. (a) PRINT FULL NAME CARRIE DORSETT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month 4 day 11
year 41 hour 6:25 minute _____ a.m.

4. Sex Female 5. Color or race negro

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

6. (b) Name of husband or wife Nathaniel Dorsett 6. (c) Age of husband or wife if alive about 71 years

7. Birth date of deceased Don't Know (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/14/41 1941 to 4/11/41 1941
that I last saw him alive on 4/10/41 1941
and that death occurred on the date and hour stated above.

8. AGE: Years About 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death mitral disease

Due to _____

9. Birthplace Don't Know (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) g 2 1/2

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Retired

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

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) _____

(e) Means of injury _____

16. (a) Informant Robert J. Molley

(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or Removal) (b) Date thereof 4-15-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Frank D. Parker

(b) Address Columbia, Mo.

19. (a) 4/14/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

23. Signature J. H. Burdum (M. D. or other) 4/14/41

Address 128 1/2 8th Date signed 4/14/41

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

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~~

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Stewart J. Parker

Licensed Embalmer No.

2900

P. O. Address

Columbia Mo.

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.