

FILED FEB 23 1943

State File No. ....

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1461

1. PLACE OF DEATH:

(a) County St. Louis, mo  
(b) City or town St. Louis, mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BARNES HOSPITAL  
(If not hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 Days  
In this community 4 Wks.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carter  
(c) City or town Rural R #2  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? / (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Wille Omer Dorris  
WILLIE OMER DORRIS

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 Married  
6. (b) Name of husband or wife Nellie Dorris  
6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased Jan. 8 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 1 5 ..... hr. .... min.

9. Birthplace Carter Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Wm. E. Dorris  
13. Birthplace Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Sheets  
15. Birthplace Carter Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Van Buren Mo.  
(b) Address Van Buren Mo.

17. (a) Removed (b) Date thereof Feb. 16, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place of burial or cremation Carter Creek Cem.

18. (a) Signature of funeral director Sueckel Funeral Home  
(b) Address Van Buren Mo.

19. (a) FEB 15 1943 J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 13  
year 1943 hour 7 minute 22 P. M.

21. I hereby certify that I attended the deceased from 1-15-43-3 PM  
1943 to 2-13-43-7 PM 1943  
that I last saw him alive on 2-12- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death (Respiratory failure)  
Cerebral embolus

Due to Bronchiectasis

Due to 8/2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Bronchiectasis

Of autopsy Cerebral infarct

Duration

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, in public place?

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

23. Signature C. B. Barber, M.D. (M. D. or other)  
BARNES HOSPITAL  
Address ..... Date signed 2/14

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

STATE OF MISSISSIPPI

**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..... *John Ketter* .....  
Licensed Embalmer No. 3880 .....  
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.