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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21762

State File No.

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Odessa
(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 40 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54 4

(c) City or town Odessa 0
(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 0

3. (a) PRINT FULL NAME Jesse Dolarhide

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 Anna M. Dollarhide

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan. (Month) 4, (Day) 1861 (Year)

8. AGE: Years 82 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Malta Bend, (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Retired Plasterer

11. Industry or business

FATHER
12. Name Jesse Dollarhide
13. Birthplace (City, town, or county) Kentucky (State or foreign country) /

MOTHER
14. Maiden name Rebecca Jasper
15. Birthplace (City, town, or county) Kentucky (State or foreign country) /

16. (a) Informant Mrs. Viola Chaney
(b) Address Odessa, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa, Mo Cemetery

18. (a) Signature of funeral director [signature]
(b) Address Odessa, Mo.

19. (a) June 30-1943 (Date received local registrar) (b) Mrs. W. F. Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 12, 1943 to June, 1943
that I last saw him alive on June 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Odessa Mo Date signed 6/18/43

1157

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-8-43

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 Irving L. Liesman

Licensed Embalmer No. 26-41

P. O. Address Odessa, 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.