V. S. No. 2
00M—8-43
Rev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19648

FILED JUN 10 1946

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 202

1. PLACE OF DEATH:
(a) County Calloway
(b) City or town Fulton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days) In this community sa

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. County Home (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME TAYLOR DOBSON
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Armenta Scott Southard
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 10 (Day) 1887 (Year)

8. AGE: Years 69 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Camden Cnty (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

MOTHER FATHER
12. Name DK
13. Birthplace (City, town, or county) (State or foreign country) a
14. Maiden name DK
15. Birthplace (City, town, or county) (State or foreign country) a

16. (a) Informant Records State Hospt No 1
(b) Address Fulton Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-1-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Cross Timbers
18. (a) Signature of funeral director Orange Eaton
(b) Address 7th & Osage, Sedalia Mo
19. (a) June 1 1946 (Date received local registrar) (b) Joyce Morgan Reg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1946 hour 7 minute a M.
21. I hereby certify that I attended the deceased from May 23 1946 to June 1 1946 that I last saw him alive on May 31 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
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, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Forest Thurman (M. D. or Coroner)
Address Fulton Mo Date signed 6/4/46

(Licensed Embalmer's Statement on Reverse Side)

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

18523

JUN 10 1946

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 6-8-46

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 Duane Ewing

Licensed Embalmer No. 2847

P.-O. Address Sedalia, 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.