

FILED APR 18 1947

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ritzgibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 Days
years, months or days

3. (a) PRINT FULL NAME Otis Deal Dorsey

3. (b) If veteran, name war # _____ 3. (c) Social Security No. 078-03-5214

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude M. Merritt 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased May 7 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 10 15 hr. _____ min.

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

10. Usual occupation Milling Engineer

11. Industry or business _____

12. Name James Dorsey

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

14. Maiden name Josephine Walker

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

16. (a) Informant Mrs. Otis Deal Dorsey - Wife

(b) Address 330 High St. Lockport, New York

17. (a) Burial (b) Date thereof: 4/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cold Springs Cemetery - Lockport N.Y.

18. (c) Signature of funeral director J. Leola Murray

(b) Address _____

19. (a) Apr 2 - 1947 (b) R. J. Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County Niagra 999
(c) City or town Lockport
(If outside city or town limits, write "RURAL") 30
(d) Street No. 330 High St.
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 2
year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 29
1947 to Apr. 2 1947;
that I last saw him alive on Apr. 2 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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? 0

While at work? _____ (e) Means of injury _____

23. Signature J. Reid M.D. (M. D. or other) _____
Address Marshall Mo Date signed 4-2-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7
1
2

RECEIVED

District Health Officer No. 8, 1949

District File Number

Date Filed

476-47

MAR 22 1949

NOV 28 1949

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.....

Licensed Embalmer No. 32350

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.