

FILED SEP 15 1947
Registration District No. 158

Primary Registration District No. 2000

Registrar's No. 737

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Springfield City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 10 minutes
(Specify whether years, months or days)

In this community 32 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 218 1/2 South Campbell Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME JESSIE CLARENCE DOTSON

MEDICAL CERTIFICATION

3. (b) If veteran, name war None

20. DATE OF DEATH: Month August day 22, year 1947 hour 1: minute 00 P. M.

4. Sex Male 5. Color or race White

21. I hereby certify that I attended the deceased from Aug 22, 1947 to Aug 22, 1947; that I last saw him alive on Aug 22, 1947; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Unknown

Immediate cause of death Phosphorous Poisoning

7. Birth date of deceased May 10, 1899
(Month) (Day) (Year)

Due to Eating Rat & Roach Party

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>3</u>	<u>12</u>	br. min.

Due to _____

9. Birthplace Eudora, Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Laborer

Major findings: _____

11. Industry or business Contracting - Construction

Of operations _____

12. Name George T. Dotson

Of autopsy _____

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

14. Maiden name Eula Ellis

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

16. (a) Informant Records of Springfield City Hospital

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof Aug. 26 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 8-26-47 (b) W. J. Handley MD
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) suicide

(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)

(e) Means of injury _____

23. Signature W. J. Handley (M. D. W. J. Handley)

Address 2218 E. Commercial Date signed 8-25-47

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

MOTHER FATHER

9
2
6

SEP 17 1947

SEP 20 1947

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.....

Lee Mason

Registered Apprentice No. 477

working under my personal supervision.

Signed *Jewell E. Mundy*

Licensed Embalmer No. 283

P. O. Address *Springfield 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.