

FILED JAN 21 1948

Registration District No. 282

Primary Registration District No. 5976

Registrar's No. 4

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

1. PLACE OF DEATH

(a) County Polk
(b) City or town Walnut Grove R3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Jackson township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community life
years, months or days)

3. (a) PRINT FULL NAME

John Daniel Dohkins

3. (b) If veteran, name war N.I.K.

3. (c) Social Security No. N.I.C.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cecilia Martin Dohkins 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased September 19 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer Retired

11. Industry or business live stock & GRAIN FARMER

12. Name Joshua Dohkins

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

14. Maiden name Cecilia Dohkins Bess

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

16. (a) Informant Childe Dohkins

(b) Address Walnut Grove Mo R3

17. (a) Burial (b) Date thereof January 11 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakville Cemetery

18. (a) Signature of funeral director Gene A. Grim

(b) Address Walnut Grove Mo

19. (a) Jan 10 1948 (b) Ralph Gorden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84
(c) City or town Walnut Grove R3 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Jackson township 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th
year 1948 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 7th 1948
that I last saw him alive on Jan 7th and that death occurred on the date and hour stated above. H.S.

Immediate cause of death Cerebral Hemorrhage
Due to Stroke of Paralysis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations G3P

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:

(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?

While at work (Specify type of place) (c) Means of injury 0

23. Signature [Signature] (M. D. or other)

Address Walnut Grove Mo Date signed Jan 9 48

RECEIVED

District Health Officer No. 7

District No. 12-47-3057

Date 1-20-48

*Mrs. A. C. ...
Chapman, Baltimore, Md.*

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.....

Ray Miller

Registered Apprentice No. 459

working under my personal supervision.

Signed *Gene A. Binn*

Licensed Embalmer No. 2664

P. O. Address *Walnut Grove 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.