V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12353

Registration District No. 141 Primary Registration District No. 3625 Registrar's No. 83

1. PLACE OF DEATH:

(a) County Howell

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

(c) Name of hospital or institution:
Mrs. Ingold's Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 months (Specify whether
In this community 10 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George W. Dollison

3. (b) If veteran, name war -----

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Eliz. McCort Dollison

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

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

8. AGE: Years 86 Months 5 Days 0 If less than one day hr. min.

9. Birthplace Stark County, (City, town, or county) Ill. (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant data from deceased

(b) Address

17. (a) Mackey Cem. (Burial, [illegible]) (b) Date thereof Feb. 8, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Dry Creek Twp. Howell Co.

18. (a) Signature of funeral director Hal Thornburgh

(b) Address West Plains, Mo.

19. (a) Mar 29-48 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 270

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4, year 1948 hour 8: minute 45 a. M.

21. I hereby certify that I attended the deceased from Feb. 21, 1947, to Feb 4, 1948, that I last saw him alive on Feb 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Prostate	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 51B	
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 Robert Hunt M.D. M.D. or other M.D.

Address West Plains, Mo Date signed 26/3/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Dist... ...fficer No 5,
District ... Number 448228
Date Filed 4-13-48

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.....

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.