S. No. 2
—12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1948

Registration District No. 245

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30494

Primary Registration District No. 3047

Registrar's No. 79

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

73
3
2

1. PLACE OF DEATH:

(a) County NEWTON

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

(c) Name of hospital or institution: SALE MEMORIAL 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73

(c) City or town NEOSHO 3
(If outside city or town limits, write "RURAL")

(d) Street No. N. COLLEGE ST. 2
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME THOMAS JOHNSON DORRIS

3. (b) If veteran, name war WORLD WAR #2

3. (c) Social Security No. 490-20-1002

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife ALICE DORRIS

6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased JANUARY (Month) 25 (Day) 1925 (Year)

8. AGE:

Years	Months	Days	If less than one day
23	7	17	hr. min.

9. Birthplace McDONALD Co. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation TRUCK DRIVER.

11. Industry or business NEOSHO PROPAIN GAS. Co

FATHER
12. Name RAY DORRIS 0
13. Birthplace McDONALD Co. (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name SARAH GOFF 0
15. Birthplace McDONALD Co. (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Sarah Dorris

(b) Address Gen. Del. Neosho Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-15-1948 (Month) (Day) (Year)

(c) Place: burial or cremation PEA RIDGE ARKANSAS

18. (a) Signature of funeral director Corley Thompson

(b) Address Neosho Mo.

19. (a) Sept. 14 1948 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 12 year 1948 hour 3:34 minute P. M.

21. I hereby certify that I attended the deceased from Sept 11th, 1948, Sept 12th, 1948 that I last saw him alive on Sept 12th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Shock due to Head injury and pneumothorax complete

Due to on left side. Fractured ribs.

Due to .....

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration

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) accident

(b) Date of occurrence Sept 11-48.

(c) Where did injury occur? Highway 71 Newton Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)

While at work? Yes (e) Means of injury Car accident

23. Signature Melvin C. Bowman (M. D. or other) MD

Address Neosho, Mo Date signed Sept 14-48.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton Co. Health Unit

District File Number 948-379

Date Filed 7-21-48

SEP 25 1948

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 Rollie Kessel, Registered Apprentice No. 228, working under my personal supervision.

Signed Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.