

No. 2
 5-8-43
 5-17-39
 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31850

State File No. _____

FILED SEP 28 1948

Registration District No. 2775

Primary Registration District No. 4551

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Wright
 (b) City or town Hartsville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
in Hartsville at her home
 (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 78 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Wright
 (c) City or town Hartsville
 (If outside city or town limits, write "RURAL")
 (d) Street No. at Her Home in Hartsville
 (If rural, give location)
 (e) Citizen of foreign country? MO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MOULIE DORRIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F 5. Color or race W.
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife James H. Dorris
 6. (c) Age of husband or wife if alive _____ years
 Birth date of deceased (Month) 2 (Day) 22 (Year) 1870

8. AGE: Years 78 Months 6 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Wright Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Albert Slack
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Julia Brock
 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Della Dorris
 (b) Address Hartsville Mo.
 17. (a) Burial (b) Date thereof 9 9 48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Dorris Cem.

18. (a) Signature of funeral director Gene E. Halphen
 (b) Address Hartsville Mo.
 19. (a) 9-17-48 (b) ER Barnes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6
 year 48 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from _____, 1948, to 9 - 6 - 48, 1948
 that I last saw her alive on status obitus and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
Regurgitation

Due to _____
 Due to _____

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

Major findings: Of operations arteriosclerosis
 Of autopsy arteriosclerosis

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 _____ (M. D. or other) _____
 Address _____ Date signed _____

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

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RECEIVED
District Health Officer No. 6;
District File Number 948-1069
Date Filed SEP 27 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, _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Gene E. Halder

Licensed Embalmer No. 3865

P. O. Address: Hartsville 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.