

FILED OCT 15 1942

Registration District No. 412

Primary Registration District No. 1000

Registrar's No. 880

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

1. PLACE OF DEATH:

(a) County Bucknam

(b) City or town St. Joseph Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 yrs - 3 mos - 9 days
(Specify whether)

In this community 9 yrs - 3 mos - 9 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Liberty
(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 WALTER DORSEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex male 5. Color or race Col.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Us. 1873
(Month) (Day) (Year)

8. AGE: Years 59 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation miner

11. Industry or business _____

MOTHER FATHER

12. Name John Dorsey

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

14. Maiden name Abelia Scott

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

16. (a) Informant Records State Hospital #2

(b) Address St. Joseph, Missouri

17. (a) Burial (b) Date thereof Aug 24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo

18. (a) Signature of funeral director Chas. A. Archer

(b) Address Liberty, Mo

19. (a) 8-24-42 (b) Roe Hickey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1942 hour 11:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Aug 1 - 1942 to Aug 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Hypostatic
Duration 5 days

Due to _____

Due to 308

Other conditions General Paralysis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations None

Of autopsy Bronchial Pneumonia Hypostatic

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature George M. Butler (M. D. or other) _____
Address St. Joseph, Mo Date signed 8/21/42

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.....

Edgar Archer

Licensed Embalmer No.....

3311

P. O. Address.....

Liberty, 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.