S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 27 1948
Registration District No. 3716

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17319
Primary Registration District No. 3059
Registrar's No. 151

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Bonne Terre, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Francois
(c) City or town: Bonne Terre, Mo. (If outside city or town limits, write "RURAL")
(d) Street No.: 103 N. B St. Bonne Terre, Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mrs. Rebecca Dorchen
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mr. Joseph Dorchen
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 12 (Day) 1858 (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	1	21	hr. min.

9. Birthplace: Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:

MOTHER FATHER
12. Name: Mr. Sam Hildebrand
13. Birthplace: Tennessee (City, town, or county) (State or foreign country)
14. Maiden name: Margaret Hampton
15. Birthplace: Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Daisy Dotson
(b) Address: 103 N. B St. Bonne Terre, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Cemetery, Bonne Terre, Mo.
18. (a) Signature of funeral director: Alvin W. Hood
(b) Address: 303 Crane St. Flat River, Mo.
19. (a) 5-15-48 (Date received local registrar) (b) Esther Rudloff (Registrar - Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 3rd year: 1948 hour: 5 minute: 10 A.M.
21. I hereby certify that I attended the deceased from Jan 1st 1948 to May 3 1948 that I last saw h.e.r. alive on Apr 1st 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Advance age	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operation:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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) Time of injury:
23. Signature: B. F. Mauldy, M.D. or other
Address: Bonne Terre Mo. Date signed: 5-5-1948

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 548-666

Date Filed 5-26-48

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 Alvin W. Hood

Licensed Embalmer No. 2280

P. O. Address 33 Cross St. Flat Iron, Me

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.