

S. No. 2
-12-45
5-17-39
D1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

File No. **25213**

FILED JUL 22 1947

Registration District No. **316** Primary Registration District No. **3060** Registrar's No. **230**

1. PLACE OF DEATH:
(a) County **St. Francois**
(b) City or town **Farmington, Mo.**
(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 **lifetime** (Specify whether years, months or days)
In this community **lifetime** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri St. Francois
(a) State **Missouri** (b) County **St. Francois**
(c) City or town **Farmington**
(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 **Harry Dobbins**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **8** year **1947** hour **5** minute **10** P.
21. I hereby certify that I attended the deceased from **4-20** to **7-8** 19**47**
that I last saw him alive on **7-7** 19**47**
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Lora Alcorn** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **Nov. 30, 1870**
(Month) (Day) (Year)

Immediate cause of death **Coronary Heart Failure**
Due to **Arteriosclerotic Heart Disease**
Due to **General & Central Arteriosclerosis**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years **76** Months **7** Days **8** If less than one day hr. _____ min. _____
9. Birthplace **Farmington, Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation **Carpenter**

11. Industry or business _____
12. Name **James Dobbins**
13. Birthplace **Mo** (City, town, or county) (State or foreign country)
14. Maiden name **Harriet Rudy**
15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(c) 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 _____

16. (a) Informant **Mrs. Foster-Byington**
(b) Address **Farmington, Mo.**
17. (a) **b** (b) Date thereof **7-10-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Masonic Cemetery**
18. (a) Signature of funeral director **C. H. Cozean**
(b) Address **Farmington, Mo.**
19. (a) **7-9-47** (b) **Ether Ruddle**
(Date received local registrar) (Registrar's signature)

23. Signature **Richard Crandall** (M. D. or other) **MD**
Address **Farmington, Mo.** Date signed **7-9-47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 247-935
Date Filed 7-19-42

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Mellie Harter

Licensed Embalmer No. 2969

P. O. Address Ferrisinton 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.