

WRITE PEANUT, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1939 JUN 2 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21646  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, <sup>3</sup> Registration District No. 81  
(b) Township Wayne, <sup>1</sup> Primary Registration District No. 5728 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. Kenmor Bend, Missouri River, St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Henry Dohrer,  
(a) Residence, No. 621 South 8th, St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced,  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Dohrer,  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10, 1860  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 10 4  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber,  
9. Industry or business in which work was done, as saw mill, bank, etc. Barber Shop  
10. Date deceased last worked at this occupation (month and year) August 1927 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morris, Illinois,

FATHER 13. NAME Joseph W. Dohrer, 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

MOTHER 15. MAIDEN NAME Unknown, 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

17. INFORMANT (ADDRESS) Mrs Anna Boone 422 North 3rd. Str.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE June 24th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton - Behler - Baumgardner 319 So. 10th. Str. Funeral Home

20. FILED June 24 1939 Asp Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14th 1939  
22. HE BY CERTIFY, That I attended deceased from viewed June 21 1939, to \_\_\_\_\_, 19\_\_\_\_  
I last saw him/her on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Suicide by drowning

Date of onset \_\_\_\_\_  
Other contributory causes of importance: none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? History. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Suicide Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? St. Joseph, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
public place

Manner of injury ##  
Nature of injury ##

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) B. W. Tadlock Coroner, M. D.  
(Address) King Hill Bldg,

RECEIVED

District Health Officer No. 11,

District File Number 739-748

Date Filed JUL 6 1939

JUL 11 1939

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, Not Embalmed

or by

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

Signed [Signature]

Licensed Embalmer No. 3007

P. O. Add. 319 So 104 St

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, above space should be left blank.