

NOV 20 1939

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

42693
Do not use this space.

1. PLACE OF DEATH

(a) County Barton Registration District No. 40
(b) Township Lamar Primary Registration District No. 5038
(c) City _____ (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 54

2. PRINT FULL NAME

5143 Louis Dumolt
(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Anna Dumolt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1859
7. AGE YEARS 80 MONTHS 4 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Baerendorf (STATE OR COUNTRY) Alsace (France)

13. NAME Jacob Dumolt

14. BIRTHPLACE (CITY OR TOWN) Baerendorf (STATE OR COUNTRY) Alsace (France)

15. MAIDEN NAME Maria A. Lambing

16. BIRTHPLACE (CITY OR TOWN) Strasbourg (STATE OR COUNTRY) Alsace (France)

17. INFORMANT Mrs. Mary A. Dumolt (ADDRESS) Lamar, Mo. R6

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE Dec 12 1939

19. FUNERAL DIRECTOR (NAME) Konantz Funeral Home (ADDRESS) Lamar, Mo.

20. FILED Dec 12 1939 Mrs. Josephine Muratt Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 10 1939

22. I HEREBY CERTIFY, That I attended deceased from May, 1939, to Dec. 10, 1939. I last saw him live on Dec 9, 1939. Death is said to have occurred on the date stated above, at 3:00 P. m. The principal cause of death and related causes of importance were as follows:

Carcinoma of Descending Colon (Distal 1/3)
Chronic Intestinal Obstruction
Date of onset May 1939

Other contributory causes of importance: Hb

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical & autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in 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) Jern T. Bichel M. D.
(Address) Lamar, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 140-101

Date Filed JAN 9 1940

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.....

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Lamar, 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, above space should be left blank.