

STANDARD CERTIFICATE OF DEATH

State File No. **31726**

Registration District No. **191**

Primary Registration District No. **4114**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Clark**
(b) City or town **Luray**
(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) **20**
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clark**
(c) City or town **Luray**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Jerome Bonapart Dochtermann**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Rose Dochtermann** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **April 4 1887** (Day) (Year)
8. AGE: Years **73** Months **4** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) **No. 0**

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER { 12. Name **Wm. Dochtermann**
13. Birthplace **Unknown**
14. Maiden name **Eliza Linn**
15. Birthplace **Unknown**

16. (a) Informant **Mr. Rose Dochtermann**

(b) Address **Luray Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 29 1980** (Month) (Day) (Year)

(c) Place: burial or cremation **Cem. Co.**

18. (a) Signature of funeral director **L. S. Sutterly**

(b) Address **Luray Mo.**
19. (c) **Sept 18 1980** (Date received local registration) (b) **Pro. L. Sutterly** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **27** year **40** hour **10 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **1938** to **1940** that I last saw him alive on **Aug 29 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to _____

Due to **92C**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? **75** (Specify type of place) (e) Means of injury **3**

23. Signature **Lawrence E. Love**

Address **Luray Mo** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 10-40-1949

Date Filed OCT 18 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.....

Aug 27 - 1940, Registered Apprentice No.
working under my personal supervision.

Signed Clair L. Puttney

Licensed Embalmer No. 2965-1

P. O. Address Wray 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.