

No. 2
-13.40
-17-39
I X23159

Registration District No. 2270 **NOV 25 1940** Primary Registration District No. 159

Registrar's No. _____

1. PLACE OF DEATH: DeKalb.
 (a) County DeKalb.
 (b) City or town Osborn.
 (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 _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME Laura Frances Dofflemyer.

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 Widow.

6. (b) Name of husband or wife Joseph. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 27, 1866.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74,</u>	<u>0</u>	<u>5.</u>	hr. _____ min.

9. Birthplace Daviess Co. Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation at home.

11. Industry or business _____

12. Name Ed F. Kenney.

13. Birthplace Kentucky. (City, town, or county) (State or foreign country)

14. Maiden name Mary Black.

15. Birthplace not known. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. C. Wiggins.

(b) Address Osborn, Mo.

17. (a) Burial, (b) Date thereof Oct. 4 1940.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Packard cem. Cameron.
Lyle C. Allen.

18. (a) Signature of funeral director Cameron.
(b) Address Mo.

19. (a) Oct. 3, 1940 (b) Mildred M Mahell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County DeKalb
 (c) City or town Osborn
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1940, hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 25,
1940, to Oct 2, 1940
that I last saw her alive on Oct 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to _____

Due to stroke

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? _____

225
While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature M. J. Gule (M. D. or other) _____

Address Osborn Mo Date signed Oct 3-40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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 *Lyle C. Allen*
Licensed Embalmer No. *824*
P. O. Address *Cameron 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, fact should be so stated above.