No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43716

JAN 25 1941

Registration District No. 761

Primary Registration District No. 6002

Registrar's No. 40

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

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Rural Appleton Township
(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 21 yrs. 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Clair

(c) City or town Rural
(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 Otto Doerflinger

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Christina Doerflinger

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan (Month) 31 (Day) 1867 (Year)

8. AGE: Years 73 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Hermann (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jacob Doerflinger
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Mary Boesch
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Walter Doerflinger
(b) Address Appleton City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 17 (Day) 1940 (Year)
(c) Place: burial or cremation Appleton City

18. (a) Signature of funeral director Oscar Eckhoff
(b) Address Appleton City Mo.

19. (a) 12-17-40 (Date received local registrar) (b) Cleo Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day Dec. year 1940 hour 8 minute a M.

21. I hereby certify that I attended the deceased from Dec 10 th, 1940 to Dec 14, 1940 that I last saw him alive on Dec 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: uremic coma
Cerebral Hemorrhage
Due to Chronic Nephritis
Due to Arterial sclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. L. Hansen (M. D. or other) M.D.
Address Appleton City Date signed 12-16-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 1-41-36
Date Filed 1-3-41

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 Oscar Cobb

Licensed Embalmer No. 3942

P. O. Address Appleton City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.