

**FILED FEB 14 1941**

Registration District No. **297**

Primary Registration District No. **3016**

Registrar's No. **6**

36  
6  
2

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

**1. PLACE OF DEATH:**  
 (a) County Franklin  
 (b) City or town Washington  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 709 Jefferson St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none  
(Specify whether)  
 In this community 8 yrs.  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Franklin  
 (c) City or town Washington Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 709 Jefferson St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. no years.

**3. (a) PRINT FULL NAME** LEONA MARY DOBSCH  
 3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Bernhard Dobsch (c) Age of husband or wife if alive 47 years  
 7. Birth date of deceased Oct. - 2 - 1892  
(Month) (Day) (Year)

**8. AGE:** Years 48 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Jolly Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

**MOTHER** { 12. Name Wm. Skinner  
 13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

**FATHER** { 14. Maiden name Mariette Raudall  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Dobsch

(b) Address Washington Mo

17. (a) Burial (b) Date thereof Jan. 27 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo

18. (a) Signature of funeral director Otto G.

(b) Address Washington Mo.

19. (a) Jan. 15 1941 (b) H. A. May  
Date received local registrar (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month January Day Fourteen  
 year 1941 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 10, 1937  
 19... to 1-14-41 19...;  
 that I last saw her alive on Jan. 13, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
 Due to —  
 Due to —  
 Other conditions None  
(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?  
 270 (Specify type of place) (Means of injury)

23. Signature — (M. D. —)  
 Address Washington, MO Date signed 1-14-41

Duration 5 Yrs  
 PHYSICIAN —  
 Underline the cause to which death should be charged statistically.

**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 none  
Henry W. Otto, Registered Apprentice No. none  
working under my personal supervision.

Signed

Henry W. Otto

Licensed Embalmer No.

3560

P. O. Address

Washington

**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.**