

FILED FEB 14 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

49  
52  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1931 Pennsylvania Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 70 Years

3. (a) PRINT FULL NAME Bell Bentley Doerge

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced 2 divorced Widowed

6. (b) Name of husband or wife W.C. Doerge

6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased October 16 1864  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>3</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Schoolteacher

11. Industry or business Retired

MOTHER FATHER {

12. Name George Bentley

13. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Slack

15. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Gardner

(b) Address 1931 Penn Ave. Joplin Mo.

17. (a) Burial (b) Date thereof 1-11-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Hubert and Co.

(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 1-13-41 (b) W. D. James  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 1931 Pennsylvania Ave. 5  
(If rural, give location)

(e) If foreign born, how long in U. S. A? No 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9  
year 1941 hour 7 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Dec 9 1940  
to Jan 9 1941  
that I last saw h 4 alive on Jan 8 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis  
(Right side hemiplegia)

Duration 1 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 8280  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy None

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature Robt. L. Huff (M. D. or other) Dr. W.

Address Joplin Mo. Date signed 1/11/41

**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 *Sam E. Senaency*

Licensed Embalmer No. *4099*

P. O. Address *Joplin Mo.*

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

**If this body is not embalmed, fact should be so stated above.**