No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23749

Registration District No. 663 Primary Registration District No. 5881 Registrar's No.

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

900

1. PLACE OF DEATH:

(a) County Perry, Co.

(b) City or town Silver Lake Mo. St. Marys
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Perry 79

(c) City or town Silver Lake, Mo
(If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henry J. Doll

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louise Geile

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb. (Month) 13 (Day) 1861 (Year)

8. AGE: Years 79 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Perry, Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Martin Doll
13. Birthplace (City, town, or county) Germeny (State or foreign country) 4

MOTHER
14. Maiden name Mary Reislinger
15. Birthplace (City, town, or county) Germeny (State or foreign country) 4

16. (a) Informant Lawrence Doll
(b) Address Silver Lake Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18-41 (Month) (Day) (Year)
(c) Place: burial or cremation Silver Lake, Mo.

18. (a) Signature of funeral director Young + Sons
(b) Address Perryville Mo.

19. (a) 1-18-41 (Date received local registrar) (b) William Geile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1941 hour 2:00 minute — PM M.

21. I hereby certify that I attended the deceased from 1/13/41, 19__, to 1/16/41, 19__;
that I last saw h__ alive on 1/16/41, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar

Due to Mitral Stenosis
" incomp.

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) 108

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature Tom Friedman (M. D. or other) Do.
Address Perryville Date signed 1/17/41

(Licensed Embalmer's Statement on Reverse Side)

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, M

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

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