

FILED MAR 17 1941

Registration District No. 20

Primary Registration District No. 574

I. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Rural, Valle Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
Route No. 1, DeSoto
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
57 (Specify whether years, months or days)

3. (a) PRENT FULL NAME Wilhelmina Doebbert

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife August Doebbert 6. (c) Age of husband or wife if deceased deceased years

7. Birth date of deceased Sept. 13, 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name William Sauer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Christena Luther
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. E. Simpson
(b) Address DeSoto, Mo.

17. (a) Burial (b) Date thereof Jan. 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DeSoto, Mo.

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature) if

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50
(c) City or town Rural
(If outside city or town limits, write "RURAL") 0
(d) Street No. DeSoto, Route 1
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 57 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26
year 1941 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 21 at
1941, to Jan 26, 1941
that I last saw her alive on Jan 25, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 4 da.
Due to Relapse from Influenza 6 da.

Due to Senility 3 mo.

Other conditions Senility 3 mo.
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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 () Means of injury

23. Signature W. B. Elders (M. D. or other) D
Address DeSoto, Mo. Date signed 1/27/41

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

John Mathewshead

Licensed Embalmer No.

3531

P. O. Address

25070 MD

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 420

Primary Registration District No. 5874

Registrar's No.

1. PLACE OF DEATH

(a) County Jefferson
(b) City or town Walle T.P.
(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
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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 Wilhelmina Doebbert

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 13 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 3-5-1941 (b) Geneva H. Murrell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 1 day 26 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

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?

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

23. Signature F. A. Elders (M. D. or other)

Address De. Sato Mo. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

