

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

38738

Registrar's No.

10

DEC 18 1946 496

Registration District No.

Primary Registration District No.

3025

1. PLACE OF DEATH:

(a) County LINN
(b) City or town BROOKFIELD
(c) Name of hospital or institution:
413 PLEASANT STREET
(d) Length of stay: In hospital or institution 2 YEARS
In this community 2 YEARS

3. (a) PRINT FULL NAME HERMAN LEE DOLT

3. (b) If veteran, name war NONE

8. (c) Social Security No. 493-18-6878

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEB. 1, 1910

8. AGE: Years 31 Months 9 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace BROOKFIELD MO.

10. Usual occupation TRUCK DRIVER

11. Industry or business GENERAL HAULING

12. Name LEE DOLT

13. Birthplace BROOKFIELD MO

14. Maiden name ANNA BELLE GASH

15. Birthplace BROOKFIELD MO

16. (a) Informant's own signature Lee Dolt

(b) Address BROOKFIELD, MO

17. (a) BURIAL (b) Date thereof 11-11-41

(c) Place: burial or cremation ROSE HILL CEM.

18. (a) Signature of funeral director Rusk Funeral Home

(b) Address BROOKFIELD, MO

19. (a) 11-10-41 (b) H. W. Cannon

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINN 58
(c) City or town BROOKFIELD
(d) Street No. 413 PLEASANT STREET
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 8 year 1941 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Nov 1, _____, 1941, to Nov 8, _____, 1941; that I last saw him alive on Nov 8, _____, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lobar Pneumonia Duration 6 dcs

Due to Acute Mucellay Anisitis 2 weeks

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 108

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? _____
(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 Roy H. Wiley (M. D. or other) M.D.
Address BROOKFIELD Date signed 11-11-41

456

(Licensed Embalmer's Statement on Reverse Side)

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

REV. 6-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... *H. B. Wright*

Licensed Embalmer No. *3718*

P. O. Address. *Brookfield, Mo.*

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.