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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1942

Registration District No. 297

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 41814

Registrar's No. 120

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

36
6
2

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 hrs. (Specify whether
In this community 17 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Washington 36
(If outside city or town limits, write "RURAL")
(d) Street No. Neirstein 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years. 0

3. (a) PRINT FULL NAME Ida Mae Dohrer
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
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 December 16 1941 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	12 hr. min.

9. Birthplace Washington Missouri (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business "
FATHER
12. Name Earl Henry Dohrer
13. Birthplace Waverly Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Adeline Flottman
15. Birthplace Washington Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Earl Dohrer
(b) Address Washington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 17 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Nieburg & Vitt, Inc.
(b) Address Washington, Missouri
19. (a) Dec. 17-1941 (Date received local registrar) (b) H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16
year 1941 hour 1 minute 00 P. M.
21. I hereby certify that I attended the deceased from Dec 16, 1941, to Dec 16, 1941;
that I last saw her alive on Dec 16, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Birth Injury	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death) 16 0 C	
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? (e) Means of injury
23. Signature Charles E. Sutter (M. D. or other)
Address 115 Elm St. Washington Date signed 12/18/41

(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 Me, Lester H. Witt, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Me

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, fact should be so stated above.