

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 21 1942

Registration District No. _____

Primary Registration District No. 5435

Registrar's No. _____

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Gasconade,
 (a) County Gasconade,
 (b) City or town Rural Boeuf
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Her residence /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39
 (a) State Missouri (b) County Gasconade 0
 (c) City or town Rural Boeuf 0
(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.? 0 years.

3. (a) PRINT FULL NAME Dorthea Nolte
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 16th
 year 1942 hour 4 minute 45 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Christian (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Aug. 15, 1942, to Aug. 16, 1942
 that I last saw her alive on Aug. 16, 1942
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Nov. 13, 1855
(Month) (Day) (Year)

Immediate cause of death Infection from diseased kidney (left) chills, fever,
 Due to paratyphoid fever, no
perforation or abscess
 Duration _____

8. AGE: Years 86 Months 9 Days 3 If less than one day _____ hr. _____ min.

Due to _____
 Other conditions 13381
(Include pregnancy within 3 months of death)

9. Birthplace Swiss, Missouri R.F.D. 1
(City, town, or county) (State or foreign country)

Major findings: Of operations no operation
 Of autopsy no autopsy
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation Housekeeper

11. Industry or business Housekeeping

12. Name Johns
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Dorris Michel
 15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Oliver Bueker
 (b) Address Hermann, Mo. R.F.D.

17. (a) Burial (b) Date thereof Aug 18-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Johns Centery

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)

18. (a) Signature of funeral director Bremen Blunier
 (b) Address Bremen, Mo.

While at work? _____ (e) Means of injury _____
 23. Signature John Engelbrecht (M.D. or other) _____
 Address Stony Hill Date signed 8-18-42

19. (a) Aug 17/42 (b) Mrs. F. B. Meyer
(Date received local registrar) (Registrar's signature)

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, on my own
....., Registered Apprentice No.
.....
working under my personal supervision.

Signed Herman Blinner

Licensed Embalmer No. 528

P. O. Address Burgin, 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, fact should be so stated above.