

FILED MAR 19 1943

Registration District No. 170

Primary Registration District No. 5-630

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Lebanon Mo. R # 3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lebanon Imp
(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 _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

(c) City or town Lebanon Mo
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. # 3
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elbe Dolf

3. (b) If veteran name war 1st

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1943 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from 2-14, 1943 to 2-15, 1943
that I last saw him alive on 2-15, 1943
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Anna Dolf

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased: July 25 1892
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Duration hd

8. AGE: Years Months Days If less than one day

70 7 17 hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation Farmer

Other conditions arterio-sclerosis (?)
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name George Dolf

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

14. Maiden name Beary Ann Dolf

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

PHYSICIAN _____

Major findings: _____

Of operations 830

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Anna Dolf

(b) Address Lebanon R # 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-43
(Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Cem

18. (a) Signature of funeral director E. N. Stewart

(b) Address Lebanon Mo. R # 3

19. (a) 2-17-43 (Date received local registrar) (b) Grace Rosen (Registrar's signature)

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)

(c) Means of injury _____

23. Signature R. E. Hancett (M. D. or other) MD

Address Lebanon Mo Date signed 2-17-43

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

53
000

1090

RECEIVED

District Health Officer No. *Laclede County Health Unit*
District File Number *2-43-26*
Date Filed *3-16-43*

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 *E N Stewart*
Licensed Embalmer No. *1885*
P. O. Address *Lebanon Mo 65*

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.