

FILED JUN 7 1943
Registration District No. 27

Primary Registration District No. 59-19-5918

Registrar's No. 57

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

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Saline (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 _____ (Specify whether _____)

In this community 78 - 5 - 26 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Rural - near St. Marys, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. Saline (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William V. Doll

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Eleazabeth Doll

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased January 7 1865 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Martin Doll

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

14. Maiden name Unkown

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

16. (a) Informant Harry Doll

(b) Address St. Marys Mo.

17. (a) Burial (b) Date thereof June 2 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 6-1-1943 (b) Shob J. Elder (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1943 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to May 31 1943 that I last saw him alive on May 29 1943 and that death occurred on the date and was signed above.

Immediate cause of death Cerebral sclerosis 7 years Duration

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? _____ (Specify type of place)

23. Signature J. A. Wilburn (M. D. or other) _____

Address St. Marys Mo. Date signed 5/31/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

1326

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 643-2252
Date Filed 6-4-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.