

FILED MAY 4 1944

State File No. _____

Registration District No. 70

Primary Registration District No. 5286

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County: Clark

(b) City or town: Trauzeger Rural

(c) Name of hospital or institution: 1 Minnesota Turn

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Clark

(c) City or town: Trauzeger (Rural)

(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME: William C. Dochterman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Grace Dochterman

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

7. Birth date of deceased: June 28 - 1888

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	6	11	hr. _____ min.

9. Birthplace: Luray Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation: Farmers

11. Industry or business:

12. Name: Jesse M. Dochterman

13. Birthplace: Luray Mo.

(City, town, or county) (State or foreign country)

14. Maiden name: Ella Authauer

15. Birthplace: Mo.

(City, town, or county) (State or foreign country)

16. (a) Informant: Grace Dochterman

(b) Address: Trauzeger Mo.

17. (a) Burial (b) Date thereof: 3-13-44

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bank & Grace

18. (a) Signature of funeral director: Fetterling

(b) Address: Luray Mo.

19. (a) 4-3-44 (b) Perry H. Barton

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9

year 1944 hour 5 minute _____ P.M.

21. I hereby certify that I attended the deceased from March 9 1944 to March 9 1944

that I last saw him alive on March 9 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral thrombosis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death): J3R

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature: L. N. Grod (M. D. or other) D.O.

Address: Luray, Mo. Date signed: 3/11/44

JUL 14 1947

RECEIVED

District Health Officer No. 10

District File Number 5-44-850

Date Filed MAY 3 1944

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 Atis L. Yetter

Licensed Embalmer No. 2965

P. O. Address Lurray 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.