

S. No. 2
DM-2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37926

State File No. _____

FILED DEC 12 1944

Registration District No. 1778

Primary Registration District No. 3026

Registrar's No. 306

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 51 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49
(c) City or town Independence Rural 0
(If outside city or town limits, write "RURAL") 3
(d) Street No. 9413 East 16 th.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18 th
year 1944 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from
Nov 13 1944 to Nov 18 1944
that I last saw him alive on Nov 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Right Lower + Middle Lobar
Pneumonia
Due to Laryngeal Paralysis — 1 mo.
Poliomyelitis 14 yrs
Due to Parkinsonian Syndrome
Other conditions _____
(include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME ELMER W. DOERFFEL

3. (b) If veteran, name war World War One 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Doerffel 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased September 5 1893
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 13 If less than one day
.hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business Pickering Lumber Co.

12. Name Emil H. Doerffel

13. Birthplace Buffalo New York
(City, town, or county) (State or foreign country)

14. Maiden name Louise Reick

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

16. (a) Informant Mrs Emma Doerffel

(b) Address 9413 East 16 th, Independence, Mo.

17. (a) Burial (b) Date thereof 11-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McMorial

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Missouri

19. (a) 11-20-44 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations None
Of autopsy None

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 Harold V Woods M.D. (M. D. or other)
Address 11027 Wimmer Road Date signed 11/20/44

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

18
4
4

1163

DEC 20 1944

DEC 13 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 Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence, 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.