

S. No. 2  
M-8-43  
7-5-17-39  
X37823

10081

State File No. \_\_\_\_\_

Registrar's No. 29

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 13 1945

Registration District No. 178

Primary Registration District No. 5659

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

56  
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1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Rural Canton Mo.  
(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 22 yrs.  
years, months or days

3. (a) PRINT FULL NAME Matthias Dommer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 30 1863  
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Matthias Dommer

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

14. Maiden name Margaret Browngrade

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

16. (a) Informant Mrs Fred Campen

(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof Mar. 28, '45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blakesburg, Iowa

18. (a) Signature of funeral director Paul H. Bayley

(b) Address Canton, Mo.

19. (a) 3-28-45 (b) P. W. Jennings M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1945 hour 4 minute 30P. M.

21. I hereby certify that I attended the deceased from March 23 1945 to March 25 1945  
that I last saw him alive on March 25 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Duration

3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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 M. B. Nelson (M. D. or other) MD

Address Canton, Mo. Date signed 3/27/45

989

(Licensed Embalmer's Statement on Reverse Side)

APR 17 1945

RECEIVED

District Health Officer No. 10

District File Number 4-45-562

Date Filed APR 17 1945

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

*Earl H. Buckley*

Licensed Embalmer No.

2615

P. O. Address

*Canton, 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.