

FILED JUN 5 1945

Registration District No. 188

Primary Registration District No. 3018

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community about 3 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank Doms

8. (b) If veteran, name war X 8. (c) Social Security No. X

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lottie Purrell 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Mar 1 1875
(Month) (Day) (Year)

8. AGE: 70 Years Months 2 Days 21 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business X

MOTHER FATHER { 12. Name Joseph Doms
13. Birthplace Belgium 4
(City, town, or county) (State or foreign country)
14. Maiden name Agusta Rose
15. Birthplace Bavaria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie Doms
(b) Address Salem Mo

17. (a) burial (b) Date thereof 5/28/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oscar Grove

18. (a) Signature of funeral director [Signature]
(b) Address Salem Mo

19. (a) 5-24-45 (b) Jas W McLeod Reg Mch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford 28
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location) 1
(e) If foreign born, how long in U. S. A. ? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1945 hour 12 minute 1 P.M.

21. I hereby certify that I attended the deceased from April 1945 to May 1945, that I last saw him alive on May 18 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Haemia

Due to arteriosclerotic renal disease

Due to [blank]

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 1316
Of autopsy [blank]

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 0

23. Signature Martin W. Hart M.D. (M. D. or other) M.D.
Address Salem Mo Date signed 5/23/45

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

3

1

RECEIVED

District Health Officer No. 5,

District File Number 6-45-277

Date Filed 6-4-45

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. 9329

P. O. Address Salisbury 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, above space should be left blank.