

FILED JUL 13 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 513

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1346 N. Jefferson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Delores Doll

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife T.E. Doll 6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased June 25, 1914
(Month) (Day) (Year)

8. AGE: Years 34 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Otto Vollet

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

14. Maiden name Sophia Mueller

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

16. (a) Informant T.E. Doll

(b) Address Springfield, Mo.

17. (a) Removal (b) Date thereof 6/27/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 6-26-45 (b) Dr. W.E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1945 hour 9 minute 30a. M.

21. I hereby certify that I attended the deceased from 6-15-1945 to 6-25-1945 and that I last saw her alive on 6-25-45 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism

Due to pneumonia, atypical

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations unk.

Of autopsy pneumonia, atypical

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) (M. D. or other)

23. Signature E. E. [unclear] (M. D. or other) Address Springfield, Mo. Date signed 6-26-45

Duration

1 hr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 L. Doolin Gorman
Licensed Embalmer No. 3177
P. O. Address Springfield, 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.