

FILED MAY 13 1946 STANDARD CERTIFICATE OF DEATH

State File No. **15490**

Registration District No. **362**

Primary Registration District No. **6235**

Registrar's No. **50**

1. PLACE OF DEATH:
 (a) County **Warren**
 (b) City or town **Rural (Pinckney township)**
 (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 **life**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Warren** / 09
 (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:

3. (a) PRINT FULL NAME **Amanda Augusta Dothage**
 3. (b) If veteran, name war: / 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **31**
 year **1946** hour **5:00** minute / P. M.

4. Sex **Female** / **5. Color or race** **White** / **6. (a) Single, widowed, married, divorced** **widowed**
6. (b) Name of husband or wife **August Dothage** / **6. (c) Age of husband or wife if alive** / years

21. I hereby certify that I attended the deceased from **March 13**
1946, to **March 31**, **1946**
 that I last saw her alive on **March 30**, **1946**
 and that death occurred on the date and hour stated above.

7. Birth date of deceased **March 13, 1861**
 (Month) (Day) (Year)
8. AGE: Years **85** Months **0** Days **18** If less than one day hr. min.

Immediate cause of death **Septic Pneumonia following Accident.**
Duration

9. Birthplace **Holstein Missouri**
 (City, town, or county) (State or foreign country)
10. Usual occupation **at home**

Due to **Duration of Pneumonia 3 days.**
Due to

11. Industry or business / **12. Name** **Herman Scherding** / **13. Birthplace** **Germany**
 (City, town, or county) (State or foreign country)
14. Maiden name **Amelia Eulenstein** / **15. Birthplace** **Germany**
 (City, town, or county) (State or foreign country)

Other conditions **Senility + Weakness**
 (Include pregnancy within 3 months of death)

16. (a) Informant **Mr. Frank Dothage**
 (b) Address **R.F.D. Warrenton, Mo.**
17. (a) Burial / (b) Date thereof **4-3-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hoechfeld Cemetery Warren County, Mo.**
18. (a) Signature of funeral director **F.W. Nieburg & Co.**
 (b) Address **Warrenton, Mo.**
19. (a) April 4, 1946 (b) **Mrs. Gladys Luttman**
 (Date received local registrar) (Registrar's signature)

Major findings:
 Of operations / **Of autopsy** / **181-15**
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) **Accident** / 109
 (b) Date of occurrence **March 13, 1946**
 (c) Where did injury occur? **Warrenton, Warren, Mo.**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
at the home
 While at work **Yes** (Specify type of place) (e) Means of injury
23. Signature **W. H. Dyer** (M. D. or other) / **Address** **Warrenton, Mo.** / **Date signed** **4-2-46**

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

14388

333

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-10-46

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: John E. Herlinger
Licensed Embalmer No. 4409
P. O. Address Warrenton, 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.