

No. 2  
1-2-43  
5-17-39  
X33697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33088

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

Registrar's No. 237

Registration District No. 77

Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution Three Weeks  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Elisabeth Dorge

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Willi Dorge

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 1st, 1887  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>4</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Hair Dresser

11. Industry or business Self

12. Name Jos Hollenbach

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

14. Maiden name Dorothy Lochming

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

16. (a) Informant Willi Dorge

(b) Address Linn, Mo.

17. (a) Burial (b) Date thereof 10/17/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn, Mo.

18. (a) Signature of funeral director Clyde Morton

(b) Address Linn, Mo.

19. (a) 10-15-46 (b) R.P. Dones M.D.  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

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

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th,  
year 1946 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from Sept 24,  
1946 to Oct 14, 1946  
that I last saw her alive on Oct 14  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus (comp)  
Duration \_\_\_\_\_ years

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

Due to Sanguine infarct \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 61

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 Dean A. Taylor (M. D. or other) M.D.

Address Jefferson Cole Date signed 10-15-46

68

JUL 31 1947

Date Filed 10-2-46

District File Number

District Health Officer No. 9

RECEIVED

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 Vernon M. Morlo

Licensed Embalmer No. 4125

P. O. Address Sum

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.