V. S. No. 2
0M—8-43
ev. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1946

Registration District No. 19

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33235

Primary Registration District No. 5443

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural- Roark
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: His Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 11 Miles South of Hermann, Mo
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME FRITZ JACOB DOLL

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) ~~Single, Married~~, ~~Widowed~~, ~~Divorced~~ Married

6. (b) Name of husband or wife Mrs. Clara Doll

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased November (Month) 2nd (Day) 1871 (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	11	7	____ hr. ____ min.

9. Birthplace Gasconade County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Phillip Doll

13. Birthplace Hermann RFD (City, town, or county) Missouri (State or foreign country)

14. Maiden name Christina Dieterle

15. Birthplace Berger RFD (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Clara Doll
(b) Address Hermann, Mo. R.F.D. #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/ 12/46 (Month) (Day) (Year)
(c) Place: burial or cremation St. John's Cem. Swiss, Mo

18. (a) Signature of funeral director August Bleimer
(b) Address Hermann, Mo

19. (a) 10/11/46 (Date received by local registrar) (b) E A Muenchweiler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th year 1946 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 4- 1946 to Oct 9th 1946 that I last saw him alive on Oct 5- 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Circulatory Collapse	
Due to, Carcinoma of Prostate and Bladder.	
Due to	
Other conditions (Include pregnancy within 3 months of death) 51 P	

Major findings:
Of operation Carcinoma Prostate Bladder
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature Howard Hohman (M. D. or other)
Address Hermann Mo Date signed 10-10-46

10 2 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-12-46

APR 22 1953

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 Chas. N. Pope

Licensed Embalmer No. 2552

P. O. Address Hermann, 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.