

FILED DEC 9 1946

Registration District No. 19

Primary Registration District No. 4193

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Hermann  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
917 Market St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)  
In this community

3. (a) PRINT FULL NAME GEORGE DOLL SR

3. (b) If veteran, name war --- 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Christina Doll 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased March 19 1866  
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 25 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Unkown

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

14. Maiden name Unkown

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

16. (a) Informant Mrs. Geo. Doll Sr

(b) Address Hermann, Missouri

17. (a) Burial (b) Date thereof 11-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cemetery

18. (a) Signature of funeral director Hugot Blumer

(b) Address Hermann, Mo

19. (a) 11/16/46 (b) Edmund Miller  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37  
(c) City or town Hermann  
(If outside city or town limits, write "RURAL")  
(d) Street No. 917 Market St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 14 day  
year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 1946 to Nov. 1946  
that I last saw him alive on Nov. 13 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration

Due to

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

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 John B. Ryan (M. D. or other)  
Address Hermann, Mo Date signed 11/16/46

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 12-7-46

### 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.....

*Hugost Blumer*

Licensed Embalmer No. 3160

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.**