

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 1 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3082

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 35

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Webb City  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 42 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Webb City  
(If outside city or town limits, write "RURAL")  
(d) Street No. R # 1 (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jacob D. Doll  
3. (b) If veteran, name war 1  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 15 year 1947 hour 9:30 minute 00 M.  
21. I hereby certify that I attended the deceased from 11 to 15 1947 that I last saw him alive on 15 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive 7 years (Day) (Year)

Immediate cause of death Influenza pneumonia  
Due to \_\_\_\_\_  
Duration 3 days

8. AGE: Years 79 Months 2 Days 8 If less than one day hr. min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 38  
Of autopsy 38

9. Birthplace Johantown, Penna (City, town, or county) (State or foreign country)  
10. Usual occupation Contractor

11. Industry or business \_\_\_\_\_  
12. Name Unknown Doll  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace " (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant John D. Doll  
(b) Address Webb City, Mo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 1947 (Month) (Day) (Year)  
(c) Place: burial or cremation Centerville Cem  
18. (a) Signature of funeral director Webb City Bur Co  
(b) Address Webb City, Mo  
19. (a) MCH 15; 47 (Date received local registrar) (b) P. M. Starnes (Registrar's signature)

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? Yes (Specify type of place) 3 (e) Means of injury \_\_\_\_\_  
23. Signature P. M. Starnes (M. D. or other) 9/14/47  
Address Webb City, Mo Date signed \_\_\_\_\_

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

MOTHER FATHER

737

47-3-224

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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..... *B. A. Legar* .....

Licensed Embalmer No. *3979* .....

P. O. Address. *Webb City, 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.**