

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12243

FILED MAR 21 1947

Registration District No. 362

Primary Registration District No. 6234

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Truesdale
(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
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Louis Dothage

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-20-5482

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 6, 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 25 If less than one day
hr. _____ min. _____

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

10. Usual occupation Retired Laborer

11. Industry or business Fire Clay

12. Name Ernst Dothage

13. Birthplace On board ship from Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Frodermann

15. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tom W. Cook

(b) Address Truesdale, Mo.

17. (a) Burial (b) Date thereof 3-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)
Macedonia Cemetery

(c) Place: burial or cremation Warren County, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) 3-2-47 (b) Mrs. Bud Moray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1947 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from November 18 - 1946, to March 1 - 1947.
that I last saw him alive on March 1 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - Liver and Gall Bladder

Due to _____

Due to _____

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

Major findings: Of operations H&E

Of autopsy _____

Duration

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 H. H. Eyerbaum (M. D. or other) md

Address Warrenton, Mo. Date signed 3-2-47

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

17/18/47

RECEIVED
District Health Officer No. 9,
District No. _____

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.