

FILED MAY 14 1947

State File No.

Registration District No. 118

Primary Registration District No. 5440

Registrar's No. 53

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town RURAL PLAY TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 MILE SOUTH OF BLAND MO. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 YEARS
(Specify whether
In this community...
years, months or days)

3. (a) PRINT
FULL NAME

WILLIAM DAUEL

3. (b) If veteran,

name war NONE

3. (c) Social Security

No. NONE

4. Sex

MALE

5. Color or

race WHITE

6. (a) Single, widowed, married,

divorced WIDOWED

6. (b) Name of husband or wife

LENA LANCE DAUEL

6. (c) Age of husband or wife if

alive DEAD years

7. Birth date of deceased

DEC. 23 1861
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

85

3

21

hr. min.

9. Birthplace

OSAGE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation

FARMING

11. Industry or business

MOTHER FATHER {

12. Name

FRED DAUEL

13. Birthplace

GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name

DORA ARUEGER

15. Birthplace

GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant

HERMAN DAUEL

(b) Address

OWENSVILLE MO

17. (a)

BURIAL

(b) Date thereof

4/16/47
(Month) (Day) (Year)

(c) Place: burial or cremation

OWENSVILLE CITY SEM.

18. (a) Signature of funeral director

Wm. H. Winters

(b) Address

OWENSVILLE MO

19. (a)

5-7-47

(b)

Wm. H. Winters
(Date received local registrar) (Registrar's signature)

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. 1 MILE SOUTH OF BLAND
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 14
year 1947 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 4 to April 13, 1947
that I last saw him alive on April 13, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Influenza
Bowel Infections

Due to

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Wm. H. Winters

(M. D. or other)

Address

Blair MO

Date signed

4-15

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-13-42

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 Me.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed Welford H. H. Winter.....

Licensed Embalmer No. 3838.....

P. O. Address Owensville 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.