No. 2
2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1947

Registration District No. 169

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4238

State File No. 13948

Registrar's No. 188

1. PLACE OF DEATH:
(a) County Knox
(b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gibson Hosp + Clinic O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)
In this community 18 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Knox 52
(c) City or town Edina, Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marie H. Dohrer
3. (b) If veteran, name war
3. (c) Social Security No. 336-16-8804
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Alfred O. Dohrer
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Dec- 18 - 1905 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
41	3	20	hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation Homekeeper
11. Industry or business

FATHER
12. Name Wm. E. Gile
13. Birthplace White Church (City, town, or county) Kansas. 1 (State or foreign country)

MOTHER
14. Maiden name Leora Yardley
15. Birthplace Steelville (City, town, or county) Missouri. 0 (State or foreign country)

16. (a) Informant Alfred O. Dohrer
(b) Address Edina Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-11-1947 (Month) (Day) (Year)
(c) Place: burial or cremation BeeRidge, Knox Co.
18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Mo.
19. (a) May-10-42 (Date received local registrar) (b) Nell S. Nunnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1947 hour 4 minute 00 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw he alive on May 8, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary thrombosis	3 hrs.
Due to Appendectomy 13 days ago	
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? 2
(Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Edina Mo. Date signed 5-9-47

(Licensed Embalmer's Statement on Reverse Side)

MAY 27 1947

RECEIVED
District Health Officer No. 10
File Number 5-47-645
Date Filed MAY 14 1947

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 Keith Hudson

Licensed Embalmer No. 245

P. O. Address Edina, Missouri

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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 169 Primary Registration District No. 4258 Registrar's No. 138

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Edina
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marie H. Dohrer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec 18 1898 (Month) (Day) (Year)

8. AGE: Years 44 Months 3 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) Nile S. Hunsaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 8 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

13948