

No. 10-47  
5-17-39  
VI 3908

FILED OCT 5 1948  
Registration District No. 10

Primary Registration District No. 3002

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

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Wayne A. Dobberfuhl

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

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: Sept. 24, 1948  
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 21 hr. \_\_\_\_\_ min.

9. Birthplace: Mexico, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

MOTHER FATHER {

11. Industry or business \_\_\_\_\_

12. Name Gerhard P. Dobberfuhl

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

14. Maiden name Ruth Doshlke  
(City, town, or county) (State or foreign country)

15. Birthplace Brown County, Wisc.  
(City, town, or county) (State or foreign country)

16. (a) Informant Gerhard P. Dobberfuhl

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Sept. 27, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Pined  
Mexico, Mo.

(b) Address \_\_\_\_\_

19. (a) 9/27/48 (b) Blanche Heely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

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

(d) Street No. 708 N. Western Ave.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25  
year 1948 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from Sept 24  
1948 to Sept 25 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure  
Premature birth  
Congenital renal  
Diabetes

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 W. Kallenbach (M. D. or other) \_\_\_\_\_  
Address Mexico, Mo. Date signed 9-27-48

RECEIVED  
District Health Officer No. 10  
District File Number 10-48-170  
OCT 4 - 1948

STATEMENT BY LICENSED EMBALMER

not

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 Earl E. Parks

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.