

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35092**

FILLED NOV 25 1941

Registration District No. **347**

Primary Registration District No. **5495**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Rural White Oak 2**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7 mi S.W. of Birch
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **50 years 1**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry** **042**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **7 mi S.W. of Birch**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **2**
year **1941** hour _____ minute **03 A.M.**
21. I hereby certify that I attended the deceased from **Sept 11 1941**
Nov 2 1941, to _____, 19____;
that I last saw him alive on **Nov 2 1941**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Double Traumatic Pneumonia
Left lung 9/15, R. lung Oct 3
Due to **Accident, mangled by**
motor truck. **9/11-41**

Other conditions **Senile**
(Include pregnancy within 3 months of death)

Major findings: **170 cc**
Of operations **2**
Of autopsy _____

Duration
Physician
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Jacob Doll**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Alpha W Doll** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **9 1862**
(Month) (Day) (Year)

8. AGE: Years **79** Months **1** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **John Doll**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Messner**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Albert Doll**
(b) Address **Birch Mo**

17. (a) **Burial** (b) Date thereof **11 4 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **White Oak**

18. (a) Signature of funeral director **Fred Wilkinson**
(b) Address **Clinton Mo**

19. (a) **11-20 41** (b) **Dr. R Hampton**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **Sept 11 1941**
(c) Where did injury occur? **near Birch Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at his home, on farm

While at work? **yes** (Specify type of place, method by which injured, and means of injury)
(e) Means of injury **truck**

23. Signature **J. E. McDonald** (M. D. or other) **042**
Address **Birch Mo** Date signed **Nov 3 41**

J. E. McDonald (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1922

Date Filed 11-24-41

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.....

Licensed Embalmer No. 2478

P. O. Address Clinton 7

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.