

17-39  
X32873

Registration District No. **194337**

Primary Registration District No. **5519**

Registrar's No. **44**

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

**1. PLACE OF DEATH:**  
 (a) County **Henry**  
 (b) City or town **Rural White Oak Twp**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**5 Mi. S & W of Ulrich**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community **Life**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Henry**  
 (c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **5 Mi. S & W of Ulrich**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Andrew G. Doll Jr**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Feb** day **18**  
 year **1943** hour **1** minute **00 A.M.**  
**21. I hereby certify that I attended the deceased from** **2-1-43**  
 19\_\_\_\_ to **2-18-43** 19\_\_\_\_  
 that I last saw him alive on **2-17-43** 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or Race **W** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Carrie Doll** 6. (c) Age of husband or wife if alive **34** years  
 7. Birth date of deceased **2 7 1910**  
(Month) (Day) (Year)

Immediate cause of death **Carcinoma** ✓  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**8. AGE:** Years **33** Months **0** Days **11**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Ulrich Mo**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Farmer**

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name **Walter H Doll**  
 13. Birthplace **Ulrich Mo**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Bereng Bunah**  
 15. Birthplace **Ulrich Mo**  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Carrie Doll**  
 (b) Address **Ulrich Mo**  
 17. (a) **Burial** (b) Date thereof **2 21 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Mullens Cemetery**  
 18. (a) Signature of funeral director **Fred Wilkinson**  
 (b) Address **Clinton Mo**  
 19. (a) **February 21, 1943** **Georgia Kitcher**  
(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) \_\_\_\_\_  
 (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 **A. W. Moreland** (M. D. or other) **2 20 43**  
 Address **Ulrich, Mo.** Date signed **2-20-43**

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

2-43-76  
3-8-43

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

GL WILKINSON

Registered Apprentice No.

341

working under my personal supervision.

Signed

Fred Wilkinson

Licensed Embalmer No.

2478

P. O. Address

Clinton, N.Y.

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10321  
Registrar's No. 44

Registration District No. 137

Primary Registration District No. 5519

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Rural  
(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  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Andrew G. Doll Jr.

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 m

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

7. Birth date of deceased Feb 7 (Month) (Day) (Year)

8. AGE: Years 33 Months 0 Days 0 (If less than one day, hr. min.)

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo.

10. Usual occupation \_\_\_\_\_

11. Industry of business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

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

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

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

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 1943 year. 3 hour 08 minute 00 M.

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

Immediate cause of death Carcinoma Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 5 months of death) 552

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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

SUPPLEMENTARY

