

FILED AUG 24 1945

Registration District No. _____

Primary Registration District No. 3023

Registrar's No. 150

1. PLACE OF DEATH:

(a) County Henry Clinton
(b) City or town _____
(c) Name of hospital or institution: Fellthover Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 2 Mo years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry 4-2
(c) City or town Wich (If outside city or town limits, write "RURAL") MO 0
(d) Street No. Rural (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Andrew Georg Doll
(b) If veteran, name war C
(c) Social Security No. C

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Myrtle
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11-29-1879
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Wich MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER { 12. Name Leoard Doll
13. Birthplace Luxemburg, Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Wright
15. Birthplace Doverland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Doll
(b) Address Wich MO
17. (a) _____ (b) Date thereof 7-30-45
(Burial, examination or removal) (Month) (Day) (Year)
(c) Place: burial or examination Mullen cent

18. (a) Signature of funeral director Fred L. L. Kusa
(b) Address Cleaton MO

19. (a) July 20 1945 (b) Myrtle Knowles
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 19th
year 1945 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from May to July 19 1945
that I last saw him alive on July 19 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
congested spleen
Due to Chronic nephritis

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 13/14

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)
(c) Means of injury _____
3. Signature [Signature] (M. D. or other) _____
address _____ Date 7/21/45

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

RECEIVED

Health Officer No. 7,

Number

7-45-818

Date Filed

8-13-49

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 Fred W. Keenan

Licensed Embalmer No. 2478

P. O. Address Quincy Ill

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.