

No. 2
-12-45
5-17-39
X 47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947
Registration District No. 137

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8786
Registrar's No. 54

Primary Registration District No. 3023

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution: Clinton General Hospital
(d) Length of stay: In hospital or institution all life
In this community all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Wurich
(d) Street No. RECEIVED
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME EFFIE, DOLL
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month march day 14
year 1947 hour 6 minute 40 AM
21. I hereby certify that I attended the deceased from 3-5, 1947, to 3-14, 1947;
that I last saw her alive on 3-13, 1947;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Jan 27 1876
(Month) (Day) (Year)

Immediate cause of death myocarditis
Duration 2 mo
Due to Coronary Decomposition & mo with edema
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 71 Months 1 Days 17
If less than one day hr. min.
9. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper

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

MOTHER FATHER

11. Industry or business _____
12. Name Jahin Doll
13. Birthplace Baden Germany
14. Maiden name Mary Wessner
15. Birthplace Beveria Germany
16. (a) Informant Elizabeth L. Ralston
(b) Address Kansas City Kans
17. (a) Burial (b) Date thereof 3-16-1947
(c) Place: burial or cremation White Oak Cem
18. (a) Signature of funeral director W. J. Brown
(b) Address Wurich Mo
19. (a) 3-15-47 (b) R. R. Henney
(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? _____
(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 H. Schulkes (M. D. or other) M.D.
Address Clinton Mo Date signed 3-15-47

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

RECEIVED
District Health Officer No. 7,
District the number 8-47-264
Date filed 3-17-47

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 R. B. Kenney
Licensed Embalmer No. 3099
P. O. Address Clinton 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.