

Registration District No. 491

Primary Registration District No. 5634

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural - Pierce Twp.
(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 1
In this community 1 years, months or days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Eva Louise Doss

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Charlie Doss 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Dec. 14, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 2 28 hr. min.

9. Birthplace Kankakee, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Vonalt
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Eva Keitsinger
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Flora Doss
(b) Address R. #2, Pierce City, Mo.
17. (a) Burial (b) Date thereof 3-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Freistatt, Mo.

18. (a) Signature of funeral director Callaway
(b) Address Monett, Mo
19. (a) April 9, 1941 (b) E. B. Wright
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1941 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 5 - March 12, 1941,
that I last saw her alive on March 12, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

422 (Specify type of place) While at work (e) Means of injury _____

23. Signature J. D. Dugmore (M. D. or other) M.D.
Address Monett, Mo. Date signed 3-13-41

Duration 2 days

unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3-1
000

RECEIVED

District Health Officer No. 6

District File Number 441-609

Date Filed APR 11 1941

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.....

P. O. Address.....

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.