

FILED NOV 7 1942
Registration District No. 162

Primary Registration District No. 5595

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

1. PLACE OF DEATH:

(a) County... JEFFERSON

(b) City or town... RURAL ROCK TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ARNOLD Mo 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution...
(Specify whether years, months or days) 1 Year

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... JEFFERSON 30

(c) City or town... RURAL ROCK TOWNSHIP
(If outside city or town limits, write "RURAL")

(d) Street No... ARNOLD Mo
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country... 0

3. (a) PRINT FULL NAME... JOHN D. DORLAC

3. (b) If veteran, name war... - - - - -

3. (c) Social Security No... - - - - -

4. Sex... M O

5. Color or race... W

6. (a) Single, widowed, married, divorced... MARRIED

6. (b) Name of husband or wife... CLARA DORLAC

6. (c) Age of husband or wife if alive... 81

7. Birth date of deceased... AUG. 12, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	1	23	...hr. ...min.

9. Birthplace... Ste Genevive (City, town, or county) WYO (State or foreign country)

10. Usual occupation... RETIRED

11. Industry or business...

MOTHER FATHER

12. Name... AUGUST DORLAC

13. Birthplace... ST. GENEVIE Mo (City, town, or county) (State or foreign country)

14. Maiden name... ZALMA LA ROSE

15. Birthplace... ST. GENEVIE Mo (City, town, or county) (State or foreign country)

16. (a) Informant... MRS CLARA DORLAC

(b) Address... KIMMSWICK Mo. R.R. # 1

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof... OCT 3, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation... MAXVILLE Mo.

18. (a) Signature of funeral director... HEILIGTAG FUNERAL HOME

(b) Address... KIMMSWICK Mo.

19. (a) 10/2/42 (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... OCT day... 1ST year... 1942 hour... 9TH minute... A.M.

21. I hereby certify that I attended the deceased from July 29, 1942, to Oct 1, 1942, and that death occurred on the date and hour stated above.

but I last saw him alive on 10-1-42

Immediate cause of death... Sarcosis (Primary) of parotid

Due to... Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations... 546

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?

23. Signature... [Signature] (M. D. or other)

Address... Kimmswick Date signed... 10-2-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Arthur W. Healy

Licensed Embalmer No.....

3872

P. O. Address.....

Minnetonka, Minn.

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.