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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9377

Primary Registration District No. 3000

Registrar's No. 80

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

1
3
3

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:
Laughlin Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 24 hours (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 23

(a) State Missouri (b) County Clark 0

(c) City or town Luray 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 1

3. (a) PRINT FULL NAME Lela Etta Dochterman

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife James Franklin Dochterman

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

7. Birth date of deceased July 15, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	8	14	hr. min.

9. Birthplace Clark Co., Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William H. Dochterman
13. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Ann Dochterman
15. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stella Hawkins

(b) Address Luray, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul 3/43
(Month) (Day) (Year)

(c) Place: burial or cremation Luray Mo

18. (a) Signature of funeral director Geo. V. Brown

(b) Address Wyaconda Mo

19. (a) 3/29/43 (Date received local registrar) (b) Mrs. G. L. Wagner (Registrar's signature)

10 + 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 28, 1943, to March 29, 1943
that I last saw her alive on March 29, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion at completion of pelvic	
Due to operation abscess (undetermined origin)	
Due to drained 3/29/43 - patient suddenly died at completion of operation.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations abscess walled off against uterus by sigmoid
Of autopsy —

152

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?
(Specify type of place)

While at work (e) Means of injury 2

23. Signature Earl Laughlin (M. D. or other) D.O.

Address Kirksville Mo Date signed 3/29/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-43-746
Date Filed [redacted] 13 1943

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 Geo V. Boskett

Licensed Embalmer No. 1817

P. O. Address Wyoconda, 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.