S. No. 2
0M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 8 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 11187

Registration District No. 178 | Primary Registration District No. 5666 | Registrar's No. 105

**1. PLACE OF DEATH:**
(a) County Lewis
(b) City or town Rural - Union Twn.
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether years, months or days)
In this community 15 Days

**2. USUAL RESIDENCE OF DEACEASED:**
(a) State Missouri (b) County Lewis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Calvin Stuart Dochterman
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 11 (Day) 1944 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 0 | 0 | 15 | hr. min. |

9. Birthplace Lewis Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name Russell Dochterman
13. Birthplace Scotland Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name Alma Dust
15. Birthplace Clark Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Russell Dochterman
(b) Address Canton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28, 44 (Month) (Day) (Year)
(c) Place: burial or cremation Canton, Mo.
18. (a) Signature of funeral director Earl H. Barkley
(b) Address Canton, Mo.
19. (a) 11/30/44 (Date received local registrar) (b) F. W. Fanning M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 26 year 1944 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov. 26, 1944, to Nov. 26, 1944 that I last saw him alive on Nov. 26, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Umbilical hemorrhage — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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
23. Signature F. W. Fanning (M. D. or other)
Address Bevier, Mo. Date signed 11/27/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-15-39
Date Filed JAN 5 1945

## 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 Earl H Buckley

Licensed Embalmer No. 2615

P. O. Address Cantou, 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.**