S. No. 2
M—1-4-41
r. 5-17-39
1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1945

Registration District No. 254

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17619

Primary Registration District No. 4349

Registrar's No. 8

1. PLACE OF DEATH:
(a) County: MORGAN
(b) City or town: STOVER
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: MORGAN
(c) City or town: STOVER 71
(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 .....

3. (a) PRINT FULL NAME: HENRY DOHRMAN
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: LENA DOHRMAN
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: AUGUST (Month) 30 (Day) 1873 (Year)
8. AGE: Years 71 Months 7 Days 15 If less than one day ..... hr. ..... min.
9. Birthplace: PETTIS Co. (City, town, or county) MO. (State or foreign country)
10. Usual occupation: MERCHANT
11. Industry or business .....
FATHER
12. Name: JOHN DOHRMAN
13. Birthplace: PETTIS Co. (City, town, or county) MO. (State or foreign country)
MOTHER
14. Maiden name: SOPHIA MERCHANT
15. Birthplace: FLORENCE (City, town, or county) MO. (State or foreign country)
16. (a) Informant: MRS. LENA DOHRMAN
(b) Address: STOVER MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: APRIL 18 1945 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: FLORENCE MO
18. (a) Signature of funeral director: J. F. Stevenson
(b) Address: Stover Mo.
19. (a) April 19-45 (Date received local registrar) (b) Henry Kipp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 15TH year 1945 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from Apr 4th 1944 to Apr 15th 1945 that I last saw him alive on Apr 15 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peroneal perforation —	24 hrs
Due to: Intestinal perforation	24 hrs (?)
Due to: Cancer of Colon?	Dont Know
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: No 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: O. G. Gunn D (M. D. ~~or other~~)
Address: Versailles Mo Date signed: 4/17/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 7,
Division of Vital Statistics 4-45-459
Date Filed 5-13-45

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 J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover 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.