

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 124 N. Wall /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 49 Years (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME William Dorfeld

3. (b) If veteran, name war No. _____ 3. (c) Social Security No. N.O.

4. Sex Male / 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Pearl Dorfeld 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March 13, 1881 (Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Greenville Penn. (City, town, or county) (State or foreign country)

10. Usual occupation Creamery Worker Retired

11. Industry or business Southwestern Creamery

MOTHER FATHER { 12. Name Charles Dorfeld
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Pearl Dorfeld

(b) Address 124 North Wall

17. (a) Burial (b) Date thereof May 7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Hurlbut Und Co.
(b) Address Joplin Mo.

19. (a) 6-6-45 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 47
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 124 North Wall 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes; name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1945 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 1, 1945 to June 1, 1945 that I last saw him alive on June 1, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion
Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____ 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 _____
Signature W. H. [Signature] (M. D. or other)
Address Joplin Mo Date signed 6/7/45

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

12040

45-6-495

JUN 28 1948

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 *Henry K. Hurlbert*

Licensed Embalmer No. *959*

P. O. Address *Joplin*

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.