

FILED MAR 21 1947

Registration District No. 22

Primary Registration District No. 6230

Registrar's No. 4

1. PLACE OF DEATH:

(a) County WARREN
(b) City or town "RURAL" PINKNEY TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 MI. N. E. OF GORE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community ALL HER LIFE (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WARREN 109
(c) City or town "RURAL" 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi. N. E. OF GORE 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT NAME MALINDA AUGUSTA DOTHAGE

3. (b) If veteran, name war --- 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ARTHUR DOTHAGE 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased MAY 13 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 24 If less than one day
hr. min.

9. Birthplace WARRENTON, MISSOURI RFD
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name JULIUS LICHTER

13. Birthplace WARRENTON, MO RFD
(City, town, or county) (State or foreign country)

14. Maiden name AMANDA MEYER
(City, town, or county) (State or foreign country)

15. Birthplace SMITH CREEK, MO
(City, town, or county) (State or foreign country)

16. (a) Informant ARTHUR DOTHAGE
(b) Address WARRENTON, MO R# 4

17. (a) BURIAL (b) Date thereof 3-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. E. SMITHCREEK CEM.
Mrs. Fred Moray
(Specify type of place)

18. (a) Signature of funeral director _____
(b) Address HERMANN, MISSOURI
19. (a) 3/9-47 (b) Mrs. Fred Moray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5th
year 1947 hour 6 minute 38 M.

21. I hereby certify that I attended the deceased from Sept 1, 1945 to Mar 7, 1947
that I last saw her alive on Feb 21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Ph. Myocardia Duration 3 1/2
Due to Hypertension 3 1/2

Due to _____
Other conditions Dementia Precox 10 yr
(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? _____

23. Signature [Signature] (M. D. or other) MD
Address Marionville, Mo Date signed 3/8/47

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

MOTHER FATHER

~~Date Filed 3/18/47~~
~~District File Number~~
District Health Officer No. 89
HERMANN, MO

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..... *Hugo + Blumer*

Licensed Embalmer No..... 3160

P. O. Address..... HERMANN, 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.