

FILED MAR 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4347

Registration District No. 77

Primary Registration District No. 5303

Registrar's No. 51

1. PLACE OF DEATH:

(a) County..... Cole
 (b) City or town Rural--Jefferson Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 R.F.D.#3, Jefferson City, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... 80 years
 years, months or days) (Specify whether

3. (a) PRINT FULL NAME Mrs. Minnie Doehla

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

4. Sex Female / 5. Color or race white
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John N. Doehla
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased March 17th 1864
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 83 11 8hr.min.

9. Birthplace South Point, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Hosuewife

11. Industry or business

12. Name John G. Dietz
 13. Birthplace Not Known (City, town, or county) (State or foreign country)

14. Maiden name Detweiler
 15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Henry G. Doehla
 (b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Feb-27-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery
 18. (a) Signature of funeral director

(b) Address Jefferson City, Missouri

19. (a) 2-25-48 (b) Registrar's signature
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D.#3, Jefferson City, Mo
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
 year 1948 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1
 1946 to present time 19.....
 that I last saw h..... alive on..... 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerotic Heart Disease 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 Mr R. A. ... M. D. or other

Address Trust Bldg Jefferson City Mo Date signed 2-25-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 11 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.....

E. M. Houser

Registered Apprentice No. *42*

working under my personal supervision.

Signed *Shapiro J. Gorman*

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City 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.