

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9505**
Registrar's No. **6**

Registration District No. **234**

Primary Registration District No. **5816**

1. PLACE OF DEATH:

(a) County **Morgan**

(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Richland Hosp.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community **since birth**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Morgan**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Richland Hosp**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Phillipine Dohrman**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F** **1** **5. Color or** **W** **6. (a) Single, widowed, married** **Widowed**
race divorced

6. (b) Name of husband or wife **Norman** **6. (c) Age of husband or wife** **deceased**
alive _____

7. Birth date of deceased **Sept 11 - 1836**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
91	6	8	hr. min.

9. Birthplace **Morgan Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **John Christian Mertgen**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Runkel**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Chas Page**

(b) Address **Florence Mo**

17. (a) ~~Deceased~~ (b) Date thereof **8-23-48**
(By, by, transmission, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Flarna Mo**

18. (a) Signature of funeral director **A. F. Neumeier**

(b) Address **Flarna Mo**

19. (a) **March 29th 1948** (b) **Mr L Rippeger**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **18**
year **1948** hour **10** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **July** 19**47**, to **March** 19**48**,
that I last saw **her** alive on **15 March** 19**48**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

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?

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **M. D. Rippeger** (M. D. or other) **M. D.**
Address **Flarna Mo** Date **3/19/48**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 3-48-341

Date Filed 4-5-48

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 A. F. Kemmeyer

Licensed Embalmer No. 3912

P. O. Address Smithton 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.