

FILED APR 11 1949

STANDARD CERTIFICATE OF DEATH

7449

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 378

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>819 South 18th St.</u>			d. STREET ADDRESS (If rural, give location) <u>819 South 18th St.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daisy</u> b. (Middle) <u>E. (unknown)</u> c. (Last) <u>Dohrer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 13 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 8th 1889</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John W. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Emil W. Dohrer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emil W. Dohrer</u>	ADDRESS <u>819 So. 18th</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cerebral Hemorrhage</u>		<u>1 day.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) <u>Woman died suddenly at her home without recent serious sickness or debility. She has had one or two minor strokes of paralysis since 1933.</u>		<u>16 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>of paralysis since 1933.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) <u>33</u> (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased person on 3/13, 1949, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:10 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>H. F. Mundy M.D. (Coroner)</u> (Degree or title)	23b. ADDRESS <u>St. Joseph, Mo. 404 So 3rd St</u>	23c. DATE SIGNED <u>3/14/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 16, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Mound City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 8, 1949</u>	REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Sidersfader</u> ADDRESS <u>St. Joseph, Mo. 602 So. 10th</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Mollie E. Sidenfaden Fro

Signed .....  
Student Embalmer

Licensed Embalmer No. 4235

P. O. Address St. Joseph, 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.