

MINNESOTA STATE DEPARTMENT OF HEALTH
Division of Birth and Death Records and Vital Statistics

22584
4583

Dist. No. _____
To be inserted by registrar

CERTIFICATE OF DEATH

Registered No. _____

1 PLACE OF DEATH: STATE OF MINNESOTA
County HENNEPIN
Township _____
Village _____
City MINNEAPOLIS
No. ASBURY HOSPITAL St. _____
(If hospital or institution give its NAME instead of St. and No.)
Length of stay:
In hospital or institution yrs. _____ mos. 8 days
In this community yrs. _____ mos. 8 days

2 USUAL RESIDENCE OF DECEASED:
State MINNESOTA {If an institution, give place of residence prior to admission
County PENNINGTON
Township _____
Village _____
City THIEF RIVER FALLS
No. _____ St. _____
Is residence within limits of city or incorporated village? Yes

3 FULL NAME SELMA DOKKEN
4 (a) SOCIAL SECURITY No. _____ 4 (b) IF VETERAN, Name WAR _____

5 SEX FEMALE 6 COLOR OR RACE WHITE 7 Single, Married, Widowed or Divorced (Write the word) MARRIED
8 (a) If Married, Widowed or Divorced, NAME OF HUSBAND OR WIFE JOHN O. DOKKEN 8 (b) AGE if alive 63 Years

9 DATE OF BIRTH (month, day, year) Dec. 23, 1885
10 Age Years 59 Months 10 Days 8 IF LESS than 1 day, _____ hrs. or _____ min.

11 USUAL OCCUPATION HOUSEWIFE
12 INDUSTRY OR BUSINESS _____

13 BIRTHPLACE (City or Town) (State or Country) BECKER CO. MINNESOTA

14 NAME JOHN MELBYE
15 BIRTHPLACE (City or Town) (State or Country) NORWAY

16 MAIDEN NAME (UNKNOWN)
17 BIRTHPLACE (City or Town) (State or Country) NORWAY

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informants own Signature J. O. Appen

Address Thief River Falls, Minn.
19 Buried at _____ or Removed to LAKE PARK MINN. Date Nov. 1, 1945 (Cremation No Yes)

Signature of Embalmer or Funeral Director: J. J. Jansen Emb. Lic. No. 1602 F. D. Lic. No. 944
Address 2301 Dupont Avenue South

Firm Name Helander-Quist Company
Date Received 11-1-45 Signature of Local Registrar Ruth E. Johnson DEPUTY

MEDICAL CERTIFICATION

22 DATE OF DEATH Oct 31 1945

23 I HEREBY CERTIFY: That I attended deceased from Oct 25, 1945, to Oct 31, 1945.
To the best of my knowledge, death occurred on the date stated above, at 12:15 p.m.

I last saw him alive on Oct 31, 1945.
Immediate cause of death Carcinoma of the Cervix uteri - stage IV

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

24 If death was due to external cause, 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 _____
25 Signature T. S. Orsted M. D.
Address 702 W. 4th St. S. S. P. 100 Date Oct 31, 1945

Issued pursuant to authority received and filed in the Minnesota State Department of Health on _____
6-10-42-5M Bks. 37 11874

Signature of Sub-Registrar
Burial or removal permit issued

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