

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**6076**  
 Do not use this space.

// **REC'D MAR 14 1938**

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85

(b) Township St. Joseph Primary Registration District No. 1001

(c) City St. Joseph (d) Street No. Mo. Methodist Hospital Registered No. 151

(e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emelia Dinning 552

(a) Residence, No. Wathena, Kansas St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred J. Dinning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 27, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

51 7 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wathena, Kansas

FATHER

13. NAME Samuel Engemann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bern, Switz.

MOTHER

15. MAIDEN NAME Fredericka Huhn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin, Ger.

17. INFORMANT Fred J. Dinning (ADDRESS) Wathena, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Wathena, Kansas DATE Feb. 6, 1938

19. FUNERAL DIRECTOR Walter Meinholder (ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 2/9 1938 H. J. Heath Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-9-38, 1938, to 2-4-38, 1938

I last saw him alive on 2-3-38, 1938. Death is said to have occurred on the date stated above, at 4.30 a.m. A.M.

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach Date of onset ?

Cholelithiasis ?

Cholecystitis ?

46-

Other contributory causes of importance:

Post Operative shock 2-3-38

Secondary Anemia before 1-9-38

Name of operation Cholecystomy Date of 2-3-38

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Paul Johnson, M. D.

(Address) Tootle Bldg. St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2-3331

STATEMENT BY LICENSED EMBALMER

I, Wilbur A. Kelly, Licensed Embalmer No. 3946 Mo.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
..... L. E. ....

No. 3946 Mo. or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Wilbur A. Kelly  
Licensed Embalmer No. Mo. 3946

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.)