

NOV 24 1939

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

36789  
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 629

(b) Township Jackson Primary Registration District No. 5831 Registered No. \_\_\_\_\_

(c) City \_\_\_\_\_ (d) Street No. RR# 2, Ravenwood, Mo. St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? 16 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME Eric Y Dahlen

(a) Residence, No. RR# 2, Ravenwood, Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

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 Bertha Bernice Peter (Hamblin)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, ..... hrs. or ..... min.
	<u>36</u>	<u>7</u>	<u>16</u>	

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

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) 4-38

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Stockholm Sweden

13. NAME Carlson Dahlen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

15. MAIDEN NAME Wega

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT (ADDRESS) Mrs. Bertha P. Dahlen RR# 2, Ravenwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City, Mo DATE Oct-29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. John Andrews Grant City, Mo

20. FILED Oct-28, 1939 Grace Beholt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 1939

22. I HEREBY CERTIFY, that ~~the~~ deceased ~~was~~ was \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

Death is said to have occurred on the date stated above, at 12:15 pm.  
The principal cause of death and related causes of importance were as follows:

Asphyxiation; suicide by hanging by neck Date of onset 10/26

Other contributory causes of importance: 165

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury 10/26, 1939  
Where did injury occur? near Ravenwood, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury hanging by neck  
Nature of injury asphyxiation

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify Chas. D. Humboldt, M. D.  
(Signed) Chas. D. Humboldt, M. D.  
(Address) Corbin, Nodaway Co., 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.

District File No. 1139-1499

Date Filed NOV 18 1939

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**

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

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36789  
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**1. PLACE OF DEATH**

County Goddard  
Township Jackson  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 629  
Primary Registration District No. 3831

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Eric J. Dahlen

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
36 7 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, 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)

FATHER 13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED Oct-28-1939 Grace Busholt Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Chas. D. Humphreys M.D.  
(Address) Barnard Mo

N. B.—Every item of information should be carefully supplied. AGE is to be stated EXACTLY. PHYSICIANS SHOULD STATE EXACT STATEMENT OF OCCUPATION IS V. IMPORTANT. CAUSE OF DEATH in plain terms, so that it may be properly classified.

