

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 117

Primary Registration District No. 5167

Registrar's No. _____

1. PLACE OF DEATH

(a) County Camden
(b) City or town Camdenton Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mary R Hauke - County Farm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution month 3
(Specify whether _____)

In this community _____
years, months or days 11 * 0

3. (a) PRINT FULL NAME Julius Rhineault Dahlgren

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased July 16 1845
(Month) (Day) (Year)

8. AGE: Years 94 Months 8 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Stockholm Sweden
(City, town, or county) (State or foreign country)

10. Usual occupation sailor

11. Industry or business Retired on farm

12. Name Julius Rhineault Dahlgren

13. Birthplace Stockholm Sweden
(City, town, or county) (State or foreign country)

14. Maiden name did when saw was

15. Birthplace Stockholm, Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John D. ...

(b) Address Camdenton, Mo

17. (a) Buried (b) Date thereof Mar 19 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freedom Cemetery

18. (a) Signature of funeral director Bankson-Woolery

(b) Address Camdenton, Mo

19. (a) 3 122 1940 (b) Lizzie Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17
year 1940 hour 10 - 15 minute _____ P.M. A.M.

21. I hereby certify that I attended the deceased from 8 - 17, 1940, to 3 - 17, 1940;
that I last saw him alive on 3 - 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 10 years

Due to Infarcted heart

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

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? No

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. ... (M. D. or other) MD

Address Camdenton, Mo Date signed 3-18-40

Duration

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

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

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.

V. B. O. Z.
FORM 5-17-39
Rev. 5-17-39
U. S. G. P. 161831

RECEIVED

Health Officer No. 7,

Number 4-40-660

Date Filed 4-12-48

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.....

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.