

Registration District No. 575

Primary Registration District No. 4-339

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 49 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Tipton
(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.? 48 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-1-37
7-26- 1940 to 7-26- 1940
that I last saw her alive on 7-26-40, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Exhaustion following

Due to over heart

Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
Underline the cause to which death should be charged statistically.

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? _____

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

23. Signature J. B. Norman (M. D. or other) _____
Address Tipton Mo. Date signed 7-27-40

3. (a) PRINT FULL NAME Katherina Dahl 1100

8. (b) If veteran, name war none 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Fred Dahl 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased March 2 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 24
If less than one day _____ hr. _____ min.

9. Birthplace Getzberg Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Unknown

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

14. Maiden name Known

15. Birthplace Getzberg Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miriam E Dahl

(b) Address Tipton, Mo

17. (a) Burial (b) Date thereof July 28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic, Tipton, Mo

18. (a) Signature of funeral director Jewell E. Richards

(b) Address Tipton, Mo

19. (a) 7-27-40 (b) Mrs. C. C. Frye
(Date received local registrar) (Registrar's signature)

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

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f

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Jimmie E. Richards
Licensed Embalmer No. 2466
P.O. Address Tipton, 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, above space should be left blank.