

FD-103
11-10-39
5-17-39
I X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26545

State File No. _____

Registration District No. 884

Primary Registration District No. 6176

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Rural Charrette
(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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren

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

(d) Street No. East of Marthasville, Missouri
(If rural, give location)

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

3. (a) PRINT FULL NAME Alvin Chas. Dickhaus 220

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1940 hour 5 minute 15 M.

21. I hereby certify that I attended the deceased from Feb
2, 1938 to July 13, 1940
that I last saw her alive on July 13, 1940
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Dickhaus

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February 25, 1878
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>68</u>	<u>4</u>	<u>18</u>	hr. _____ min.

Immediate cause of death Myocarditis

Due to Hypertension

Due to _____

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

Duration

3 yr

10 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Marthasville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Henry Dickhaus

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

14. Maiden name Anna Wanhoff

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

16. (a) Informant Anna Dickhaus

(b) Address Marthasville, Missouri

17. (a) Burial (b) Date thereof July 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dutzow, Missouri

18. (a) Signature of funeral director Fred K. Schaefer

(b) Address Marthasville, Missouri

19. (a) 7/14/40 (b) H. C. Johnson
(Date received local registrar) (Registrar's signature)

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? 800

While at work? _____
(Specify type of place)

(b) Means of injury _____

23. Signature H. C. Johnson (M. D. or other) 1

Address Marthasville Date signed 7/14/40

APR 26 1951

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 *Fred W. Lichtenberg*

Licensed Embalmer No. *1321*

P. O. Address *Marshallville, W.*

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.