No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38947

Registration District No. 49 Primary Registration District No. 565-2 a. Registrar's No.

1. PLACE OF DEATH:
(a) County: Lincoln
(b) City or town: Rural — Monroe Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: residence — 4 miles west of Winfield (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lincoln 57
(c) City or town: Rural — 4 miles west of Winfield, Mo. (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 75 years years.

3. (a) PRINT FULL NAME: Gustav Henry Dickmeyer
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: widowed 1
6. (b) Name of husband or wife: Pauline Dickmeyer
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan (Month) 2 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
77	8	26	hr. min.

9. Birthplace: (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Henry Dickmeyer
(b) Address: Old Monroe, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-30-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Evangelical Cemetery
18. (a) Signature of funeral director: O. Garland Ricks
(b) Address: Winfield, Mo.
19. (a) 9-30-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28 year 1941 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 16, 1941, to Sept 28, 1941; that I last saw him alive on Sept. 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomatosis due to carcinoma of prostate — Duration
Due to: as above
Due to:
Other conditions: old age (Include pregnancy within 3 months of death)
Major findings: Of operations: Edema Carcinoma of Prostate
Of autopsy:

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Dr. A. Allevato (M. D. or other)
Address: Winfield Date signed 9/30/41

(Licensed Embalmer's Statement on Reverse Side)

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. 4012

P. O. Address Winfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.