V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

50
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30610

Registration District No. 163-158 Primary Registration District No. 5596 5590 Registrar's No. 45

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural-----Big River
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Star Route West 1- DeSoto
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 19 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Star Route West--DeSoto
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME EDWARD PHILLIP DICKEMANN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Amelia Elstrot

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 31, 1887 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	1	18	hr. min.

9. Birthplace Hillsboro (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Phillip Dickemann
13. Birthplace ? (City, town, or county) ? 9 (State or foreign country)

MOTHER
14. Maiden name Sarah Ottomeyer
15. Birthplace ? (City, town, or county) ? 9 (State or foreign country)

16. (a) Informant Amelia Dickemann
(b) Address Star Route West-DeSoto-Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Glade Chapel Rural

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.

19. (a) 9/24/42 (Date received local registrar) (b) Tim Spencer (Registrar's signature)

387

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1942 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from Sept 19, 1942 to Sept 19, 1942
that I last saw him alive on Sept 19, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	1 day
Due to Hypertension	5 yrs
Due to arteriosclerosis	unknown
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83a	
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 J. P. Ingels (M.D. or other) DO
Address DeSoto Mo. Date signed 9-22-42

(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 J. Lee Mothershead
Cu. Am.

Licensed Embalmer No. 3531

P. O. Address DeSoto - 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, fact should be so stated above.