. S. No. 2
M—9-4-41
ev. 5-17-39
I' X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC. 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37616

State File No.

Registration District No. 230 Primary Registration District No. 5810 Registrar's No. 24

70.
0
0

1. PLACE OF DEATH:
(a) County Montgomery Co.
(b) City or town Starkenberg, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: xx / Loutre Dump
(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 Abbuit 70 years

2. USUAL RESIDENCE OF DECEASED: 70
(a) State Missouri. (b) County Montgomery Co.
(c) City or town Starkenberg, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME August Daller.
3. (b) If veteran, name war xx
3. (c) Social Security No. xx

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ada M. Daller.
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Feb (Month) 27th (Day) 1854 (Year)

8. AGE: Years 88 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Hermann, (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Ret Farmer
11. Industry or business

FATHER
12. Name Jacob Daller,
13. Birthplace Alsace Laraine (City, town, or county) France. 5 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Essing.
15. Birthplace Buchholt, (City, town, or county) Prussia. 8 (State or foreign country)

16. (a) Informant Joe Daller
(b) Address Rhineland Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Starkenberg, Mo.
18. (a) Signature of funeral director [illegible]
(b) Address Americus, Mo.
19. (a) Nov 25 1942 (Date received local registrar) (b) Mrs Virginia Lichte (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23rd year 1942 hour II minute 20 P M
21. I hereby certify that I attended the deceased from was dead on arrival to his home that I last saw him alive on Nov 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration
Due to Infirmities of age
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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 O. R. Rauschenbach M.D.
Address Rhineland Mo Date signed 11-25-42

(Licensed Embalmer's Statement on Reverse Side)

FEB 8 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 D.B. Baker, Registered Apprentice No. ....., working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.