

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **110**

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7m (Specify whether
In this community yes years, months or days)

3. (a) PRINT FULL NAME Mary Dickreiter
3. (b) If veteran, name war Box
3. (c) Social Security No. OK

4. Sex Male 5. Color of race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna (Box) Dickreiter
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Mar 28 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 10
If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business
MOTHER FATHER { 12. Name Stein Dickreiter
13. Birthplace Germany
14. Maiden name Mary Lembrink
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Record
(b) Address

17. (a) Remove (b) Date thereof Apr. 10, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fulton, Mo
18. (a) Signature of funeral director Elen G. Naupin
(b) Address 900 Cant St. Fulton, Mo

19. (a) 4-10-1943 (b) Josef Moszkowski
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month April day 8
year 1943 hour 8-30 minute a M.

21. I hereby certify that I attended the deceased from 4/8/43 19. to 4/8/43 19.
that I last saw him alive on 4/8/43 19.
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Due to Arteriosclerosis

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 932

PHYSICIAN
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?

While at work (Specify type of place)
23. Signature George H. Davis (M. D. or other) MD
Address Fulton Mo Date signed 4/9/43

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..... *Glen Y. Mauzer*
Licensed Embalmer No..... *27025*
P. O. Address..... *Fulton, 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.