

No. 2
4-13-40
-17-39
X 27

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20845

State File No. _____

FILED JUN 29 1943 / 2
Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 672

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1107 Ridenbaugh
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days
(Specify whether years, months or days)

In this community 71 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

(c) City or town Rochester township 0
(If outside city or town limits, write "RURAL") 8

(d) Street No. Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Kattie Sophia Dick

3. (b) If veteran, name war. --

3. (c) Social Security No. --

4. Sex F /

5. Color or race W

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

6. (b) Name of husband or wife Fred Dick

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased June 7 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 18
If less than one day hr. min.

9. Birthplace Andrew county Mo. 0
(City, town, or county) (State or foreign country)
At Home

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Ferdinand Buhr

13. Birthplace Germaney 4
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Moran

15. Birthplace un known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Dick

(b) Address Savannah Mo.

17. (a) Burial (b) Date thereof 6 27 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Breet

(b) Address Savannah Mo.

19. (a) 6-27-43 (b) Arne Hendry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 25
year 1943 hour 2 A.M. minute M.

21. I hereby certify that I attended the deceased from
May 26, 1943 to June 25, 1943
that I last saw her alive on June 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage 1 mo.

Due to Arterio-sclerosis many yrs.
& hypertension yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death) g 20!

Major findings: Of operations none

Of autopsy none

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature S. T. Blomquist (M. D. or other) 74. 8.
Address 1218 N. 30 St. Date signed 6/25/43

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

1235

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

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.....

E. C. Breit

Licensed Embalmer No. *2650*

P. O. Address *Savannah*

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.