

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25436

Registration District No. 787

Primary Registration District No. 3040

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Lickingstone
 (b) City or town Chillicothe
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1408 - Monroe
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Six Weeks (Specify whether
 years, months or days)

3. (a) PRINT
FULL NAMEJoseph A. Dietrich

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex Male 5. Color or White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Bertha A. Dietrich 6. (c) Age of husband or wife if
 alive 68 years
 7. Birth date of deceased April - 22 - 1866
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 - 2 - 23 hr. min.

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

10. Usual occupation Merchant - Retired

11. Industry or business

MOTHER FATHER
 12. Name Martin Dietrich
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Wilhelmina Ruth
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Harrison
 (b) Address 1408 - Monroe - Chillicothe, Mo.
 17. (a) Burial (b) Date thereof 7 - 19 - 43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Catholic - Cem.
 18. (a) Signature of funeral director James Gordon
 (b) Address Chillicothe, Mo.
 19. (a) July 17 (b) h.o. Ella Corry
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lickingstone
 (c) City or town Chillicothe - Utica
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7408 - Monroe
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
 year 1943 hour 8 - minutes 20 - a.m.

21. I hereby certify that I attended the deceased from May 15
1943 to July 15 1943
 that I last saw him alive on July 14 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer of Stomach

Duration

6 mos

Due to _____

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

23. Signature P. H. Bremner (M. D. or other)
 Address Chillicothe, Mo. Date signed 7/15/43

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93:341

OK

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 James D Gordon
Licensed Embalmer No. 1870
P. O. Address Lehitecoch 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.

4-20-05 11:30 AM

11/105