

Registration District No. 273

Primary Registration District No. 3051

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

1. PLACE OF DEATH:

(a) County Perry

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 84-0-3 (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Maria Louisa Dickman

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Dickman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 2 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 0 3 _____ hr. _____ min.

9. Birthplace Capo Girardoau Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Houswife

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Dambach

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

{ 14. Maiden name Margdalena Popo

{ 15. Birthplace Gormany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alvin Klaus

(b) Address Friedhoim Mo.

17. (a) Burial (b) Date thereof 8-8-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedhoim Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 8-7-43 (b) Thos J. Kelly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 79

(a) State Missouri (b) County Perry

(c) City or town Perryville Mo.
(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 August day 5
year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1st
1943 to August 5th 1943;
that I last saw her alive on August 5th, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to General Debility

Due to Old Age (Senility)

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

Major findings: Of operations _____

Of autopsy Non

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 of Miller (M.D. or other) _____

Address Perryville Mo. Date signed 8/7/43

Duration three days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 843-2596

Date Filed 8-11-43

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perquimans, Md

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.