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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18465

Registration District No. FILED JUN 27 1944 Primary Registration District No. 5694 Registrar's No. 77

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mount Vernon Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 303 days (Specify whether years, months or days)
In this community 303 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller
(c) City or town St. Elizabeth (If outside city or town limits, write "RURAL")
(d) Street No. Route #1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LAURAINE DICKNEITE
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov. (Month) 25 (Day) 1929 (Year)

8. AGE: Years	Months	Days	If less than one day
14	5	23	hr. min.

9. Birthplace Miller County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Student
11. Industry or business
MOTHER FATHER
12. Name Leo Dickneite
13. Birthplace St. Elizabeth (City, town, or county) Missouri (State or foreign country)
14. Maiden name Mathilda Blomberg
15. Birthplace St. Anthony (City, town, or county) Missouri (State or foreign country)
16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San, Mount Vernon, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 20 44 (Month) (Day) (Year)
(c) Place: burial or cremation Oberia Mo.
18. (a) Signature of funeral director Adams & Casey
(b) Address Oberia Mo.
19. (a) 5/26/44 (Date received local registrar) (b) Audy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1944 hour 11 minute 20 P.M.
21. I hereby certify that I attended the deceased from July 22 1943 to May 19 1944 that I last saw him alive on May 19 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	about 2 yrs
(Toxemia	
Due to the Rt. pleural fistula	over 4 mo
Due to " empyema of	" " "
secondary infection	
Other conditions (Include pregnancy within 3 months of death)	

13 P 1

Major findings: Rt lat ulcero-caseous pulm tbc, pleat empyema, Of autopsy Pulm. hemorrhage w left

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 Charles A. Brasher (M. D. or other) M.D.
Address Mt. Vernon, Mo. Date signed 5-20-44

1338

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 644-665
Date Filed JUN 5 1944

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 Max L Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.