

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25847

Registration District No. 328

Primary Registration District No. 3073

Registrar's No. 12

1. PLACE OF DEATH

(a) County Scott
(b) City or town Chaffee
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 418 Helen Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 year (Specify whether years, months or days)
In this community 18 year

3. (a) PRINT FULL NAME RICHARD THOMAS AHLSTED

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 702-07-9999

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cara Ahlsted 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased July 7 1882 (Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Menden Lepan (City, town, or county) (State or foreign country)

10. Usual occupation Car Carpenter

11. Industry or business Building

12. Name Charles Ahlsted

13. Birthplace Oslo Norway (City, town or county) (State or foreign country)

14. Maiden name no record

15. Birthplace Menden Lepan (City, town or county) (State or foreign country)

16. (a) Informant Mrs. Cara Ahlsted

(b) Address Chaffee Mo.

17. (a) Burial (b) Date thereof July 10 1944 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chaffee Mo. Park

18. (a) Signature of funeral director Chaffee Mo.

(b) Address Chaffee Mo.

19. (a) 7-8-1944 (b) Christa Greer (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100
(c) City or town Chaffee 1
(If outside city or town limits, write "RURAL")
(d) Street No. 418 Helen Ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1944 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 17 1944 to July 7 1944
that I last saw him alive on July 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hypertrophy
Chronic Myocarditis
Due to Arteriosclerosis

Due to Other conditions
(Include pregnancy within 3 months of death) Osseous arthritis spine

Major findings:
Of operations 93A
Of autopsy 93A

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 G. A. Sample (M. D. sample)
Address Chaffee Mo. Date signed 7-8-44

1325 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 844-1058

Date Filed 8-7-44

AUG 7 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.....

Licensed Embalmer No. 3810

P. O. Address.....

Cape Girardeau, 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.