

S. No. 2
M-8-43
7-5-17-39
I X37823

24412

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 14 1945

Registration District No. 18

Primary Registration District No. 30-4-05697

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Rural - Rich Hill Twp.
(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 70 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rich Hill - Twp Child. Collee
(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 31
year 1945 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 25
1945 to July 31 1945

that I last saw her alive on July 30 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 5 days

Due to unknown

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 Engines (M. D. or other) _____

Address Chillicothe, Mo Date signed 8-1-45

3. (a) PRINT FULL NAME Susan Ford Dietrich

3. (b) If veteran, name war _____ (c) Social Security No. _____

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

6. (b) Name of husband or wife Frank W. Dietrich 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 8 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Yankton S. Dakota
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Thomas Hampton

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

14. Maiden name Martha Baker

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

16. (a) Informant Mary E. Manson

(b) Address Anita Iowa

17. (a) Burial (b) Date thereof 8/2/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wallace Cem.

18. (a) Signature of funeral director Ronald J. Gordon

(b) Address Chillicothe, Mo

19. (a) Aug 2 (b) Lou Ella Curry
(Date received local registrar) (Registrar's signature)

458

(Licensed Embalmer's Statement on Reverse Side)

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

9
0
0

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 Ronald F. Gordon
Licensed Embalmer No. 4191
P. O. Address Chillicothe, 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.