

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. STATE BOARD OF HEALTH
FILED AUG 9 1945 STANDARD CERTIFICATE OF DEATH

State File No. 24636
Registrar's No. 168

Registration District No. 274 Primary Registration District No. 3052

80
6
4
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Pettis
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: Bothwell Hospital
(d) Length of stay: In hospital or institution 4 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED: Missouri Pettis Mo.
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(d) Street No. 27th and Massachusetts
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Charles Junior Dietzman
3. (b) If veteran, name war none 3. (c) Social Security No. none
4. Sex Male Male 5. Color or race White
6. (a) Single, widowed, married, divorced, child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 27, 1943

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 6 year 1945 hour 9:30
21. I hereby certify that I attended the deceased from 1945 to July 6, 1945
that I last saw him alive on July 5, 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 2 Months 1 Days 9 If less than one day hr. min.

Immediate cause of death Pneumonia
Due to Enteric Enteric
Due to Some error in diet
Other conditions (include pregnancy within 3 months of death)

9. Birthplace Sedalia, Missouri
10. Usual occupation
11. Industry or business
12. Name Charles E. Dietzman
13. Birthplace Sedalia, Missouri
14. Maiden name Lillian Burlingame
15. Birthplace Sedalia, Missouri

Major findings: Of operations 2
Of autopsy 1200
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Charles E. Dietzman (father)
(b) Address Sedalia, Missouri
17. (a) Burial (b) Date thereof 7/7/45
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director
(b) Address Sedalia, Missouri
19. (a) Date of local registrar July 7, 1945 (b) Registrar's signature

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
23. Signature of J. Campbell M. D. or other
Address Sedalia, Mo. Date signed 7-6-45

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-2-41

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 Archie Ewing

Licensed Embalmer No. 3847

P. O. Address Edalia, 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.