

FILED MAR 6 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 171

Primary Registration District No. 4268

Registrar's No. -1-

1. PLACE OF DEATH:

(a) County LAFAYETTE
(b) City or town MAYVIEW MO
(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. 17 MONTHS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80
(c) City or town SWEET SPRINGS RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2 MI SOUTH 0
(If rural, give location)
(e) Citizen of foreign country? 146 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME DINA MEYER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife. ✓ 6. (c) Age of husband or wife if alive. ✓ years

7. Birth date of deceased. MARCH 10 1859 (Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 29 If less than one day hr. min.

9. Birthplace LAFAYETTE COUNTY MO (City, town, or county) (State or foreign country)

10. Usual occupation. HOUSEWIFE

11. Industry or business.

12. Name FRED DIETRICK 4

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

14. Maiden name UNKNOWN 4

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

16. (a) Informant ERNEST DITTMER

(b) Address SWEET SPRINGS MO

17. (a) Burial (b) Date thereof. FEB 12 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. ST. JOHN'S CEMETERY

18. (a) Signature of funeral director. E. S. JAMES

(b) Address CONCORDIA MO

19. (a) Feb 12 1946 (Date received by registrar) (b) (c) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 9 year 1946 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from open heart, 19, to, 19, that I last saw h. alive on, and that death occurred on the date and hour stated above.

Immediate cause of death. Arteriosclerosis - many years.

Due to.

Due to.

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

Major findings: Of operations. None

Of autopsy. None

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 W. Kopperbone (M. D. or other) MO

Address. Higginsville MO Date signed 2-10-46

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-4-6

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 ME

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.