

S. No. 2
DM-9-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12026**
Registrar's No. **6**

FILED MAR 16 1946
Registration District No. **383**

Primary Registration District No. **6236**

1. PLACE OF DEATH:
(a) County **Warren**
(b) City or town **DUTZOW**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Warren/09**
(c) City or town **DUTZOW** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ROSA LEZETTA FELDMANN**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **28** 19**46** hour **7** minute **45 P.M.**
21. I hereby certify that I attended the deceased from **Jan 27** 19**46** to **Feb 26** 19**46** that I last saw h. **alive** on **Feb 26** 19**46** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Charles Feldmann**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **February** (Month) **2** (Day) **1863** (Year)

Immediate cause of death **Chr Myocarditis** Duration **2 yr**

8. AGE: Years **83** Months **0** Days **24** If less than one day hr. _____ min. _____

Due to **Arthur Selross** 10 yr

9. Birthplace **Augusta, Missouri** (City, town, or county) (State or foreign country)

Due to _____
Other conditions **Lobar Pneumonia** (Include pregnancy within 9 months of death)

10. Usual occupation **House wife**

Major findings: Of operations _____
Of autopsy **1** **ad**
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER
12. Name **Henry Dieckhaus**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Emke**
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Isear Feldmann**
(b) Address **Marthasville MO**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **March 1 1946** (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **DUTZOW, MO.**

18. (a) Signature of funeral director **W. H. Lichtenberg**
(b) Address **Marthasville, Missouri**

While at work? _____ (Specify type of place) Means of injury _____

19. (a) **Mar 1/46** (Data received local registrar) (b) **T. E. Johnson** (Registrar's signature)

23. Signature **T. E. Johnson** (M. D. or other) **M.D.**
Address **Marthasville** Date signed **3/31/46**

334

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

9
0
10537

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 Belmont F. Lichtenberg

Licensed Embalmer No. 43181

P. O. Address Martha'sville, 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.