

FILED JUL 29 1946

State File No.

Registration District No. 23

Primary Registration District No. 3010

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron
(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 27 Years
In this community 27 Years
years, months or days

3. (a) PRINT FULL NAME Annie Rose Dietzschold

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

4. Sex Female 5. Color or race wh. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HERMAN DIETZSCHOLD 6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased JAN 29 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 15
If less than one day hr. min.

9. Birthplace CAMERON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Adolph Selke

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

14. Maiden name CHRISTINA STEAMER

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

16. (a) Informant HERMAN DIETZSCHOLD

(b) Address CAMERON - MO.

17. (a) BURIAL (b) Date thereof 6-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OSBORN - MO.

18. (a) Signature of funeral director DeMoss CRUNK

(b) Address CAMERON - MO.

19. (a) 6-15-46 (b) Mrs. Willie James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. 525 S. Chestnut
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1946 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from June 1 1946 to June 14 1946
that I last saw him alive on June 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 29

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence 6-17-46

(c) Where did injury occur? OSBORN - MO. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

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

23. Signature W. DeMoss (M.D. or other) MD

Address Cameron Mo. Date signed 6/15/46

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

23056

APR 28 1953

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.....
.....
working under my personal supervision.

Registered Apprentice No.
Signed *Lee Moss Crunk*.....
Licensed Embalmer No. *2233*.....
P. O. Address *Cameron, 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.