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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 11 1948

Registration District No. 357

Primary Registration District No. 6236

Registrar's No. 1

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: /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 77 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Warren 109
 (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 CLEMENS W. DICKHAUS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Anna Dickhaus 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 3 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>11</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Retired Elevator Manager

11. Industry or business _____

MOTHER FATHER
 12. Name Angus Dickhaus
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Louise Lange
 15. Birthplace Washington, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John B. Schopf
 (b) Address Dutzow Mo

17. (a) Burial (b) Date thereof Jan. 19, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dutzow Mo

18. (a) Signature of funeral director Delmont F. Schopf
 (b) Address Marthasville, Mo.

19. (a) Jan 15 1948 (b) [Signature]
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
 year 1948 hour 9 PM minute _____ M.
 21. I hereby certify that I attended the deceased from Dec 8 1946 to Jan 15 1948
 that I last saw him alive on Jan 15 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death: chronic myocarditis
chronic nephritis

Due to general arteriosclerosis

Due to _____

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

Major findings: Of operations [Signature]
 Of autopsy _____

Duration
2 years
5 years
 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 [Signature] (M. D. or other) MD
 Address Marthasville Mo Date signed 1-17-48

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

3/10/58
File Number
District Health Officer No. 9

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. 4318
P. O. Address Marthasville, 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.