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29306

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 79

FILED SEP 28 1948 73
Registration District No. _____

Primary Registration District No. 4157

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

1. PLACE OF DEATH:
(a) County Dade
(b) City or town Dadeville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South part of Dadeville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) 4 years
In this community 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dade
(c) City or town Dadeville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. South part of town
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Max Julius Sydow
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 8
year 1948 hour 9 minute 0 M.

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife None 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased: Mar 29 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 2 1948 to Sept 8 1948
that I last saw him alive on Sept 7 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 5 Days 10 If less than one day hr. min.

Immediate cause of death Heart Failure
Due to Virus influenza
Due to _____
Other conditions 33B
(Include pregnancy within 3 months of death)

9. Birthplace Berlin Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Broom Maker

11. Industry or business _____
12. Name Julius Sydow
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Thomas
15. Birthplace France
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant Elizabeth Ames
(b) Address Dadeville Mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof Sept 10 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dadeville Masonic Cemetery

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? _____

18. (a) Signature of funeral director Hillard B. Cornum
(b) Address Dadeville Mo
19. (a) 7-13-48 (b) Geo R. Weir
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature B B Kirby (M. D. or other) _____
Address Dadeville Mo Date signed Sept 9 1948

RECEIVED
District Health Officer No. 6,
District File Number 948-1083
Date Filed SEP 27 1948

SEP 29 1948
OCT 17 1948

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 Willard B. Erwin
Licensed Embalmer No. 3092
P. O. Address Salina, 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.