

FILED OCT 19 1948

Registration District No. **316**

Primary Registration District No. **6075**

Registrar's No. **322**

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

1. PLACE OF DEATH:

(a) County St Francois
 (b) City or town Rural Rt. 1 St. Francois Twp.
(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 _____
(Specify whether)
 In this community 57 yrs
years, months or days

3. (a) PRINT FULL NAME Albert Carl Detring

3. (b) If veteran, name war World War I 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Freida Detring 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March 26 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	6	12	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Detring

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

14. Maiden name Margaret Stohman

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

16. (a) Informant Mrs. Albert Detring

(b) Address Farmington, Missouri

17. (a) burial (b) Date thereof 10/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cem. Farmington

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmin ton Mo

19. (a) 10-11-48 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois
 (c) City or town Farmington Rural Rt. 1
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
 year 1948 hour 3 minute 0 A.M.

21. I hereby certify that I attended the deceased from Oct 18, 1946
 1946 to Oct 8 1948

that I last saw him alive on Oct 7 1948

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to Arterio & Hypertension

Due to _____

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

Major findings:
 Of operations _____

Of autopsy no

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 Arthur J. ... (M. D. or other) MD

Address Farmington Mo Date signed 10/9/48

RECEIVED

District Health Officer No. 4
District File Number 1048-1303
Date Filed 10-18-48

APR 18 1949

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 Paul K. Dwyer

Licensed Embalmer No. 4120

P. O. Address Leamington 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.