

FILED AUG 13 1949

STANDARD CERTIFICATE OF DEATH

State File No. 24063

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5775 Registrar's No. 85

I. PLACE OF DEATH
 a. COUNTY Macon
 b. CITY (If outside corporate limits, write RURAL and give town) Rural - Hudson
 c. LENGTH OF STAY (in this place) 1 yr.
 d. FULL NAME OF HOSPITAL OR INSTITUTION 1/4 Mi. E. of Macon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Mo. b. COUNTY Macon
 c. CITY (If outside corporate limits, write RURAL and give township) Rural - Hudson
 d. STREET ADDRESS (If rural, give location) 1/4 Mi. East of Macon

3. NAME OF DECEASED
 a. (First) EMMA b. (Middle) _____ c. (Last) Dickerhoof

4. DATE OF DEATH (Month) (Day) (Year) July 22 1949

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** Never Married **8. DATE OF BIRTH** 6/13/1885 **9. AGE** (In years last birthday) 64 **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Unknown **11. BIRTHPLACE** (State or foreign country) South Dakota **12. CITIZEN OF WHAT COUNTRY?** U. S. A

13a. FATHER'S NAME James A. Dickerhoof **13b. MOTHER'S MAIDEN NAME** Teresa Papik **14. NAME OF HUSBAND OR WIFE** None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No **16. SOCIAL SECURITY NO.** Unknown **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Harry Hartung **ADDRESS** Macon, Mo.

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Pneumia
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. acute Pharyngitis grand mal epilepsy

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **INTERVAL BETWEEN ONSET AND DEATH** 1 year

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Mar, 1949, to July 22, 1949, that I last saw the deceased alive on July 22, 1949, and that death occurred at 8:35 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. L. Hallan M.D. **23b. ADDRESS** Clarence mo **23c. DATE SIGNED** July 23 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) burial **24b. DATE** 7/24/1949 **24c. NAME OF CEMETERY OR CREMATORY** Wood Lawn **24d. LOCATION** (City, town, or county) (State) macon, Mo.

DATE REC'D BY LOCAL REG. 8 9 1949 **REGISTRAR'S SIGNATURE** Ruth McNeely **195** **FUNERAL DIRECTOR'S SIGNATURE** Albert Skinner **ADDRESS** macon

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

6100

RECEIVED AUG 11 1949
District Health Officer No. 1
District File Number 8-49-1-
Date Filed AUG 11 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert S. Krum

Licensed Embalmer No. 75-1

P. O. Address Macom, 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.