

FILED MAR 9 1942
Registration District No. **347**

Primary Registration District No. **5488**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton, Mo. Rural
(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 all life
years, months or days

3. (a) PRINT FULL NAME Daniel Dehn

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

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

6. (b) Name of husband or wife Missus Dehn 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 21 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Spillville Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Peter Dehn

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

14. Maiden name Lusan

15. Birthplace P.O. W. Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Missus Dehn

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 2-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consolidated & Rec
(b) Address Clinton Mo

19. (a) Feb. 17, 1942 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry

(c) City or town Clinton Mo. Rural
(If outside city or town limits, write "RURAL.")

(d) Street No. R.R. 4
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1942 hour 9 minute P M.

21. I hereby certify that I attended the deceased from September 14, 1942 to Feb 16, 1942
that I last saw him alive on Feb 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days

Due to Arterio-sclerosis arterios

Due to _____

Due to _____

Other conditions Chronic myocarditis 5 months
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations none
Of autopsy none

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) no

(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? home

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. B. Hughes (M. D. or other) MD
Address Clinton Mo. Date signed 2/17/42

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

2000

RECEIVED

District Health Officer No. 7,

District File Number 3-42-172

Date Filed 3-4-42

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.....

J. E. Consalud

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.