

Registration District No. 137

Primary Registration District No. 5508

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Montrose Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Deepwater Trip 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 58 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME FERDINAND DALORUP

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years

7. Birth date of deceased Aug 3 1856  
(Month) (Day) (Year)

8. AGE: Years 92 Months 1 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Bernard Dalorup 13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Epstein 15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Joe Dalorup (b) Address Montrose Mo

17. (a) Rural (b) Date thereof Sept 18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fermentation

18. (a) Signature of funeral director Welling Bros (b) Address Montrose Mo

19. (a) 9-28-48 (b) R R Kenney  
(Date received local registrar) (Registrar's signature) 920

2. USUAL RESIDENCE OF DECEASED:

(a) State 58 yrs (b) County Henry 42  
(c) City or town Rural 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. Deepwater Trip  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 58 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16  
year 1948 hour 2 PM minute 30 M.

21. I hereby certify that I attended the deceased from Sept 10 1948 to Sept 14 1948  
that I last saw him alive on Sept 13 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 12 days  
Paralysis Right Side 12 "

Due to Senility 5 yrs

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations BBW  
Of autopsy \_\_\_\_\_

Duration  
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 J. G. McDonald (M. D. or other) \_\_\_\_\_  
Address Rich Mo Date signed 9/17-48

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

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**RECEIVED**  
District Health Officer No. 7  
District File Number 8-48-1123  
Date Filed 9-27-48

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**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 Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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, above space should be left blank.**