

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7250
 Do not use this space.

REC'D MAR 9 1938

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 571
 (b) Township Walser Primary Registration District No. 5769
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 423 Henrietta Dalstein
Centertown, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Dalstein
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25-1859
 7. AGE YEARS 79 MONTHS 8 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 FATHER 13. NAME Conrad Buehler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT John Dalstein
 (ADDRESS) Centertown Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Saline Cem DATE 11/17/38
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Willems & Fiedler
California Mo
 20. FILED 11-19-38 H.R. Popejoy
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 15, 1938
 22. I HEREBY CERTIFY, That I attended deceased from April 27, 1938 to November 15, 1938
 I last saw her alive on November 15, 1938 Death is said to have occurred on the date stated above, at 7:50 m. A. M.
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonitis
 Date of onset 11-12-1938
 Other contributory causes of importance:
Hemiplegia
Old Operation Hernia of R. Iliac region.
 Name of operation none recent. Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Frank J. Nichols, M. D.
 (Address) Centertown, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

68

1074

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 *IFE Fred Meyer*

Licensed Embalmer No. *2854*

P. O. Address *California m*

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7250
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 571
 (b) Township Walker Primary Registration District No. 3769
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henrietta Dalstein

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15-1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 19____ to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h. _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 8 20

Broncho Pneumonia Date of onset 7-27-38

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Probably sequelae of Cerebral hemorrhage
Hemiplegia
old operation Hernia? right
abdominal region N. Mo. of

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:
old operation Hernia? right abdominal region N. Mo. of

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation _____ Was there an autopsy? _____

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

Manner of injury _____
 Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Frank J. Nichols M.D.
 (Signed) _____ (Address) Centertown Mo.

20. FILED _____, 19____ Local Registrar.

SUPPLEMENT

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. DISTRICT SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS.

