

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18440

State File No.

Registrar's No.

ED JUN 10 1943

Registration District No.

Primary Registration District No.

53496

88.

1. PLACE OF DEATH:

(a) County Monteary
(b) City or town Rural Walker, Tenn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John Dalstein

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, 2 divorced, widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive, years

7. Birth date of deceased mar 26 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Monteary MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Dalstein

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

14. Maiden name Dora Knorr

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

16. (a) Informant Emil Dalstein

(b) Address Centerton MO

17. (a) Burial (b) Date thereof May 13-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Evangelical

18. (a) Signature of funeral director William H. Hedrick

(b) Address California MO

19. (a) 5-12-43 (b) P. J. Piller
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Monteary
(c) City or town Rural
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1943 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from May 9 to May 11, 1943
that I last saw him alive on May 10
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 days

Due to

Due to

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

Major findings: Of operations

Of autopsy

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 P. J. Piller (M. D. or other) D. O.

Address California Date signed 5/14/43

1312

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.

P. O. Address.....

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.