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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29979

Registration District No. 47 — Primary Registration District No. 5764 — Registrar's No. 242

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Rural (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 (Specify whether In this community years, months or days) 30 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery 68
(c) City or town California 1
(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

3. (a) PRINT FULL NAME Hannah Margaret Dickert
3. (b) If veteran, name war OK
3. (c) Social Security No. OK

4. Sex Female | 5. Color or race W | 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Dickert
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 19 (Day) 1856 (Year)

8. AGE: Years 86 | Months 2 | Days 12 | If less than one day hr. min.

9. Birthplace Montgomery (City, town, or county) MO (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Gottlieb Huxendick
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Wortkotter
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Ray Allen
(b) Address California Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/42 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Evangelical
18. (a) Signature of funeral director Williams & Friedmeyer
(b) Address California Mo
19. (a) 8-2 1942 (Date received local registrar) (b) Joyce Monserrat (Registrar's signature)

1147 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st
year 1942 hour 9th minute P. M.

21. I hereby certify that I attended the deceased from July 12, 1942, to Aug. 1st, 1942, that I last saw her alive on Aug. 1st, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-vascular renal disease	years
Due to: arterio-sclerosis	
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? (Specify type of place)
(e) Means of injury
While at work
23. Signature Henry Dunt (M. D. or other) M.D.
Address Fulton, Mo. Date signed 8/14/42

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 Hugh E Williams

Licensed Embalmer No. 9537

P. O. Address California Me

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.