

DEC 29 1937

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

42744

Do not use this space.

1. PLACE OF DEATH

(a) County Barren Registration District No. 884
(b) Township Marshall Primary Registration District No. 5175 Registered No. 27
(c) City..... (d) Street No.....
(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. da.

2. PRINT FULL NAME

Carl F. Dischinger Sr.
(a) Residence, No. Carsonville Mo. 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

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 6 6 4 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Restaurant
9. Industry or business in which work was done, as saw mill, bank, etc. owner
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
13. NAME Carl Dischinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) E. P. Dischinger Carsonville Mo.
18. BURIAL, CREMATION, OR REMOVAL Lake Charles Cem. DATE Nov. 4, 1937
19. FUNERAL DIRECTOR (ADDRESS) Wes. P. Clark 1125 Hodkinson Ave. Carsonville Mo.
20. FILED Nov 11 1937 W. J. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1 1937

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

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, a 6:30 A p.

The principal cause of death and related causes of importance were as follows:

Acute Incompetency Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Dr. F. H. Kuyge M. D.(Address) Waverly Mo

STATEMENT BY LICENSED EMBALMER

I, Jas. W. Clark, Licensed Embalmer No. 1661
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Jas. W. Clark
Licensed Embalmer No. 1661

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.)