

17-39
X21492

Registration District No. **620**

Primary Registration District No. **5896**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Rural Heaths Creek Twn.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edgar Dilthey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>Mary</u>	6. (c) Age of husband or wife if alive <u>38</u> years	
7. Birth date of deceased <u>May 22 1899</u> <small>(Month) (Day) (Year)</small>		

8. AGE: Years Months Days If less than one day

<u>41</u>	<u>3</u>	<u>13</u>	hr. _____ min.
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9. Birthplace Blackwater Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 1

MOTHER FATHER { 12. Name Charles Dilthey

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

14. Maiden name Elizabeth Schneider

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

16. (a) Informant Mrs. Charles Dilthey

(b) Address Beaman Mo. R.F.D. # 1.

17. (a) Burial (b) Date thereof 9/7/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Gillespie Funeral Home
Sedalia, Mo.

(b) Address _____

19. (a) 9/7/40 (b) Flossie Ferguson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Beaman, Mo. R.F.D. #1
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5
year 1940 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from Dr. Conners Case only
to _____, to _____, 19____.

that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured neck.

Due Automobile accident -
As passenger in automobile

Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: Of operations _____

Of autopsy Fractured neck
Fractured rib - right

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident ✓

(b) Date of occurrence 9-5-40

(c) Where did injury occur? Pettis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work? No (e) Means of injury Automobile accident

23. Signature Gerard Stauffer (M.D. or other) MD

Address Cornery Pettis Co Date signed 9-5-40

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

210M
95

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-11-40

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 L. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address Sealvia 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32822**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **670**

Primary Registration District No. **5896**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Peahee Creek**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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) (Specify whether

3. (a) PRINT FULL NAME **Edgar Delthey**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **41** Months **3** Days **13** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

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

19. MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **5** year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above _____
Immediate cause of death **fractured neck**

22. **Automobile accident**
Passenger in auto
Collision with curbside
Automobile

23. Signature **Edgar Delthey** (M. D. or other) **MD**
Address **Peahee Creek, Mo** Date signed **12-1-40**

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) **acc**
(b) Date of occurrence **9-5-1940**
(c) Where did injury occur? **Public place** (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 _____

SUPPLEMENTARY

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

