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

Walter

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18671

Registration District No. 168 Primary Registration District No. 5890 Registrar's No. 160

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Sedalia RFD # 6 (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. RFD # 6 0 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Dexheimer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male ( )

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marietta

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Mar. 19, 1865 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	1	13	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name William Dexheimer

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

MOTHER

14. Maiden name Elizabeth Hart

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

16. (a) Informant Miss Ruby Dexheimer

(b) Address Sedakia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5-41 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Fun'l. Home

(b) Address Sedalia

19. (a) 5-6-41 (Date received local registrar) (b) Mrs Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1941 hour 4 20 minute P M.

21. I hereby certify that I attended the deceased from May 34 to May 2 1941; that I last saw h. alive on May 1 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Pyelo	
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)

While at work (e) Means of injury

23. Signature A. L. Walter (M. D. or other) MD

Address Sedalia Mo Date signed May 5 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-11-41

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 Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.