

FILED MAY 21 1942

Registration District No. 538

Primary Registration District No. 5729

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Nadison
(b) City or town Silver-Mine Park, Miss
(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 _____
In this community 4 hours (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Pilot Knob
(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 Frank Henry Dettmer

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clara Dettmer
6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased November 16 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 11 _____ hr. _____ min.

9. Birthplace Iron County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation merchant

11. Industry or business _____

MOTHER FATHER { 12. Name Adolphus Dettmer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jasper Dettmer
(b) Address Pilot Knob Mo.

17. (a) burial (b) Date thereof 4-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address Central White, Fronton Mo.

19. (a) April 30 1942 (b) S. C. Shaughtla
(Date received local registrar) (Registrar's signature)
481 Ray E. P. Shaughtla
(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1942 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 24, 1942, to April 27, 1942;
that I last saw him alive on April 24, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 4 mos.

Due to Arterial Sclerosis, general

Due to Diabetes mellitus

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

Major findings: Of operations 61
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 D

23. Signature Ben W. Bull (M. D. or other) M. D.
Address Fronton, Mo. Date signed 4-29-42

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

JUN 1 1945

JUN 1 1945

RECEIVED

District Health Officer No. 4
District File Number 542-1645
Date Filed 5-18-42

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 *Armed White*
Licensed Embalmer No. *3012*
P. O. Address *Clinton Hill*

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.