V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23792

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3372

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Northeast Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 29 years

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City, Mo. 8
(If outside city or town limits, write "RURAL")
(d) Street No. 817 White Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nick B. Dahm
3. (b) If veteran, name war No
3. (c) Social Security No. 486-10-1220
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mable Williams Dahm
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Feb. 2, 1879 (Month) (Day) (Year)
8. AGE: Years 64 Months 6 Days 1 If less than one day hr. min.
9. Birthplace (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER 12. Name Barney Bernard Dahm
13. Birthplace Luxenburg, (City, town, or county) Germany 4 (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Mrs. Mable Dahm
(b) Address 817 White Ave. K.C.Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 6-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt St Marys Cemetery
18. (a) Signature of funeral director Sheil Funeral Home
(b) Address 6606 Indep. Ave. K.C.Mo.
19. (a) 8-4-43 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3rd year 1943 hour 11 minute P.M.
21. I hereby certify that I attended the deceased from 7-28-43, 19..., to 8-3, 1943; that I last saw alive on 8-3, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Peritonitis	7 days
Due to Ruptured Appendix (Operation refused)	
Due to 1211.1	
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)
While at work? (e) Means of injury
23. Signature Wm Fowler (M.D. or other) DO
Address 3504 Troost Date signed 8/4/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.