

FILED DEC 9 1944

Registration District No. 57

Primary Registration District No. 5210

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Carrroll ^{top}

(b) City or town Tina ^{Rural}

(c) Name of hospital or institution: Home 5 Mile N.W. Tina

(d) Length of stay: In hospital or institution 25 years

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carrroll

(c) City or town Tina ^(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 FRED DEITCH

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th year 1944 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov 23 1944 to Nov 24 1944 that I last saw him alive on Nov 24 1944 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Deitch 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 7 1869

Immediate cause of death Heart decompensation ?

Due to chronic myocarditis ?

Due to

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

8. AGE: Years 75 Months 8 Days 17 If less than one day hr min.

9. Birthplace Greensborough Indiana

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business

12. Name Stephen Deitch

13. Birthplace Germany

14. Maiden name Caroline Richard

15. Birthplace Penn.

16. (a) Informant Mrs. Minnie Deitch

(b) Address Tina, Mo P.O.

17. (a) Burial (b) Date thereof Nov 28-44

(c) Place: burial or cremation Cowgill Cem

18. (a) Signature of funeral director Clifford W. Justice

(b) Address Tina Missouri

19. (a) Nov 28, 1944 (b) Mrs. Edgar Smith

Major findings: Of operations X

Of autopsy X

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

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

(b) Date of occurrence X

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? X

(Specify type of place) (2) Means of injury

23. Signature R. B. Brennan (M. D. or other) Chillicothe, Mo

Date signed 11/25/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Clifford W Austin.....

Licensed Embalmer No. 3233.....

P. O. Address Tina, Missouri.....

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.