

No. 2
-12-45
-17-39
X47070

State File No.

FILED JAN 14 1948

Registration District No. 110

Primary Registration District No. 41875425

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural - Boeuf
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Herbert Zastow, Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community two (20 Weeks)
years, months or days)

3. (a) PRINT FULL NAME William Christian Dahl
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) ~~Married~~ widowed, ~~Married~~ ~~Married~~ Widowed
6. (b) Name of husband or wife Ida Dahl died 1935 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased March 11, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 26 hr. min.

9. Birthplace Berger R.F.D. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER

12. Name Charles Dahl
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Wittler
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herbert Zastow
(b) Address New Haven, R.F.D. Missouri

17. (a) Burial (b) Date thereof 1/10/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berger, RFD Mo.

18. (a) Signature of funeral director Paul A. Blumer
(b) Address Berger Missouri

19. (a) 1-8-48 (b) Jeffie Gramercian
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 Miles South of Berger, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th
year 1948 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from October 21
1946 to January 7, 1948
that I last saw him alive on January 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 2 1/2 yrs.

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

Major findings: Carcinoma of Stomach
Of operations no autopsy
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 _____

23. Signature B.P. Eisenmann (M. D. or other) M.D.
Address New Haven, Mo. Date signed 1/18/48

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

RE

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-13-48

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 Herman Blum
Licensed Embalmer No. 528
P. O. Address Berger 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, fact should be so stated above.