No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

Registration District No. 163

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37148

Primary Registration District No. 3031

Registrar's No. 81

1. PLACE OF DEATH:
(a) County: Jefferson
(b) City or town: Dekalb Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 611 Platte St
(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: Mo (b) County: Jefferson 50
(c) City or town: Dekalb 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 611 Platte St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: —

3. (a) PRINT FULL NAME: STELLA DAY DIETRICH
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Frank Dietrich
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: May 24 1879 (Month) (Day) (Year)

8. AGE: Years 69 | Months 6 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace: Hamilton (City, town, or county) Mo (State or foreign country)
10. Usual occupation: at home
11. Industry or business:
MOTHER FATHER
12. Name: Gabriel Byrd
13. Birthplace: Platte Mo. (City, town, or county) (State or foreign country) 0
14. Maiden name: Martha Donnell
15. Birthplace: Platte Mo (City, town, or country) (State or foreign country) 0
16. (a) Informant: Frank Dietrich
(b) Address: Dekalb
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 28 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Hillsboro Cemetery
18. (a) Signature of funeral director: DB Dietrich
(b) Address: Dekalb Mo
19. (a) 12/2/48 (Date received local registrar) (b) Marie Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25 year 1948 hour about minute 1 a. M.
21. I hereby certify that I attended the deceased from 40 11-25 1948, to 11-25 1948 that I last saw her alive on 11-24 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	5 yrs
Due to:	
Due to:	
Other conditions: Pregnancy (Include pregnancy within 3 months of death) Sacrocardia	
Major findings: Of operations:	
Of autopsy: 0 38	

PHYSICIAN — Underline the cause of 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 0
23. Signature: Chas E Fitts (M. D. or other)
Address: Dekalb Mo Date signed 11/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

0

NOV 22 1949

Date Filed DEC 7 1948

District File Number

RECEIVED
District Health Officer No. 9,

DEC 9

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 Elecian Provence

Licensed Embalmer No. 3403

P. O. Address Zolna 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.