

REC'D JUN 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19620
 Do not use this space.

1. PLACE OF DEATH
 (a) County Saline Registration District No. 796
 (b) Township..... Primary Registration District No. 3038 Registered No. 83
 (c) City Marshall (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John W. Dieleman
 (a) Residence, No. 703 South Benton St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 26</u> 19 <u>38</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Zelta Ruth Dieleman</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>July 7</u> 19 <u>37</u> , to <u>May 26</u> 19 <u>38</u> I last saw him alive on <u>May 26</u> 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>4:30</u> p.m. The principal cause of death and related causes of importance were as follows: <u>Chronic Myocarditis</u> <u>930</u>		Date of onset <u>?</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 28, 1884</u>					Other contributory causes of importance: <u>Cerebral Thrombosis May 19</u>	
7. AGE	YEARS <u>54</u>	MONTHS <u>0</u>	DAYS <u>28</u>	If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>					
	9. Industry or business in which work was done, as saw mill, bank, etc. <input checked="" type="checkbox"/>					
	10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/>		11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay Center Neb.</u>						
FATHER	13. NAME <u>Antonie Dieleman</u>					
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rotterdam Holland</u>					
MOTHER	15. MAIDEN NAME <u>Eliza Bailey</u>					
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray County Missouri</u>					
17. INFORMANT (ADDRESS) <u>Nicholas Dieleman 703 South Benton, Marshall, Mo.</u>					Name of operation <u>none</u> Date of.....	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shiloh, Cemetery</u> DATE <u>May 28</u> 19 <u>38</u>					What test confirmed diagnosis? <u>Chronic</u> Was there an autopsy? <u>no</u>	
19. FUNERAL DIRECTOR (ADDRESS) <u>Campbell-Lewis Funeral Home Marshall, Mo.</u>					23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
20. FILED <u>5-27-38</u> <u>Mary Kent</u> <u>71</u> (Address) <u>Marshall, Mo.</u>					Manner of injury..... Nature of injury.....	
					24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify..... (Signed) <u>W. F. M. M. D.</u> <u>Marshall, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Joe N. Ruvie, Licensed Embalmer No. 1171

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Joe N. Ruvie

Licensed Embalmer No. 1171

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.)