

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

36945
Do not use this space.

1. PLACE OF DEATH **RESID NOV 14 1939**
 (a) County Pulaski Registration District No. 711 1/2
 (b) Township Union Primary Registration District No. 5940
 (c) City Near Hooker (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 Chas. M. Dieter
 (a) Residence, No. _____ 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

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Dieter				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-10-1888				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	50	11	10	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio				
FATHER	13. NAME Jacob Dieter			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
17. INFORMANT Mrs. Ethel Dieter (ADDRESS) Hooker, Missouri				
18. BURIAL, CREMATION, OR REMOVAL PLACE Pestoria, Ohio DATE 10/21/39 , 19__				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred H. Gilbert Dixon, Missouri				
20. FILED 10/28 1939 Ad Lick 639 Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/20/1939**, 19__

22. I HEREBY CERTIFY, That I attended deceased from **Oct 13th 1939** to **Oct 20 - 1939**
 I last saw him alive on **Oct 16 - 1939**. Death is said to have occurred on the date stated above, at **6 a. m.**
 The principal cause of death and related causes of importance were as follows:
Pulmonary T. B. Date of onset _____

Other contributory causes of importance: **7 1/2**

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **As before** _____, M. D.
 (Signed) **Dixon, Mo.** (Address) **Dixon, Mo.**

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

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 11/27/39

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,

October 20, 1939

or by

Registered Apprentice No., working under my personal supervision.

District Health Officer No. 5,

District File Number 1139-361

Date Filed 11839

Signed

Geo. D. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, 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, above space should be left blank.