No. 2
11-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6395

Registration District No. 218 | Primary Registration District No. 3015 | Registrar's No. 9

1. PLACE OF DEATH

(a) County: Cooper

(b) City or town: Boonville - Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ravensway Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days. (Specify whether years, months or days)

In this community 13 days.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Moniteau

(c) City or town: Tipton Mo-Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: —
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

8. (a) PRINT FULL NAME: MARie-DeXHeimer. 2516

8. (b) If veteran, name war: ✓

8. (c) Social Security No. 492-12-7854

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Frank Diesheimer

6. (c) Age of husband or wife if alive: 37 years

7. Birth date of deceased: Sept - 30 - 1906 (Month) (Day) (Year)

8. AGE: Years 33 | Months 4 | Days 7 | If less than one day — hr. — min.

9. Birthplace: Pilot Grove (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife & Factory Work

11. Industry or business: Garment Factory

12. Name (FATHER): Joseph Stoecklein

13. Birthplace: Germany (City, town, or county) (State or foreign country)

14. Maiden name (MOTHER): Anna Nold

15. Birthplace: Pilot Grove Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Geo A. Stoecklein

(b) Address: Pilot Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-1940 (Month) (Day) (Year)

(c) Place: burial or cremation: St Joseph Cemetery Pilot Grove Mo

18. (a) Signature of funeral director: Hugh Stoecklein

(b) Address: Pilot Grove, Mo

19. (a) 2-7-40 (Date received local registrar) (b) W. B. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7 year 1940 hour 4 minute a.m. M.

21. I hereby certify that I attended the deceased from Jan 27 1940 to Feb 7 1940; that I last saw her alive on Feb 6 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Nephritis (glomerular) with anuria

Due to: Cause unknown.

Due to:

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

Major findings: Of operations: Abdominal incision healed an old abscess right pneumonia

Of autopsy:

Duration

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? (Specify type of place)

(e) Means of injury: While at work

23. Signature: Hugh Ravenswy (M. D. or other) M.D.

Address: Boonville Mo Date signed Feb 7 1940.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 3-8-40
Date Filed

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~~ Peyton E Hays, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Peyton E Hays

~~Licensed Embalmer No.~~ 3074

P. O. Address Pilot Grove,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.