DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10093

Registration District No. 47 — Primary Registration District No. 4027 — Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Bates
(b) City or town: Adrian (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 (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: 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Bates
(c) City or town: Adrian (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.

3. (a) PRINT FULL NAME: Elmer Ellsworth Diffenbaugh
3. (b) If veteran, name war: ____
3. (c) Social Security No. ____

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Clara Belle Diffenbaugh
6. (c) Age of husband or wife if alive: Deceased yrs
7. Birth date of deceased: July (Month) 21 (Day) 1861 (Year)

8. AGE: Years 78 | Months 7 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace: Madison Co. (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Retired Laborer
11. Industry or business: ____

FATHER
12. Name: Adam Diffenbaugh
13. Birthplace: not known (City, town, or county) not known (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: not known (City, town, or country) " " (State or foreign country)

16. (a) Informant's own signature: Minnie Jones
(b) Address: Adrian Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-15-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Locust Hill Cemetery
18. (a) Signature of funeral director: Leresth + Lee
(b) Address: Adrian Mo.
19. (a) Mar 16-1940 (Date received local registrar) (b) Ethel C. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 14 year: 1940 hour: 2 minute: 35 A.M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw him alive on Mar 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage — Duration
Apoplexy at Sunset nursing home
Last attack four days.
Due to: Arteriosclerosis
Due to: ____
Other conditions: none (Include pregnancy within 3 months of death)
Major findings: Of operations: none
Of autopsy: none

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)
While at work? ____ (e) Means of injury: ____

23. Signature: E. E. Robinson (M. D. or other)
Address: Adrian Date signed: 4-14-40

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER ONLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

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RECEIVED
District Health Officer No. 7,
District File Number 4-40-647
Date Filed 4-9-40

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.....

Licensed Embalmer No. 3650

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