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FILED OCT 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Sewell

State File No. 32073

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 795

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2
years, months or days (Specify whether)

In this community 7 years
years, months or days

3. (a) PRINT FULL NAME Mrs. Anna Diehm

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George Diehm

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept. 23 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 5
If less than one day hr. min.

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name August Goetz

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

14. Maiden name Ira Irapp

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant George Diehm

(b) Address Springfield, Mo.

17. (a) Removal (b) Date thereof Sept. 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth, Kansas

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) Sept. 30, 1940 (b) W.E. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 837 Stanford
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1940 hour 9 minute 15 p.m.

21. I hereby certify that I attended the deceased from Jan 24 1940 to Sept. 28 1940
that I last saw her alive on Sept. 28 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Degeneration
Heart
Chronic Myocarditis
Due to Chronic Arteriosclerosis
with edema

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy no.

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) no

(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? no

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W.S. Sewell (M. D. or other) MD
Address Springfield, Mo. Date signed 9-20-40

MAR 2 1955

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

L. Doolin Gorman

Licensed Embalmer No.

3177

P. O. Address

Springfield, 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.

X