

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 103

1. PLACE OF DEATH:  
(a) County: NEOSH  
(b) City or town: NEOSH  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
620 N. COLLEGE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 3 Months  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: JACOB DIETIKER  
3. (b) If veteran, name war: NONE  
3. (c) Social Security No.: NONE

4. Sex: MALE  
5. Color or race: White  
6. (a) Single, widowed, married, divorced: Widowed  
6. (b) Name of husband or wife: MARY DIETIKER  
6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: DECEMBER 7 1864  
(Month) (Day) (Year)

8. AGE: Years: 75 Months: 8 Days: 26  
If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: ARGAU SWITZERLAND  
(City, town, or county) (State or foreign country)

10. Usual occupation: RETIRED

11. Industry or business: PET MILK Co.

12. Name: UNKNOWN

18. Birthplace: UNKNOWN SWITZERLAND  
(City, town, or county) (State or foreign country)

14. Maiden name: UNKNOWN

15. Birthplace: UNKNOWN SWITZERLAND  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: J. Dietiker  
(b) Address: 620 N. COLLEGE, NEOSHO MO

17. (a) REMOVAL (b) Date thereof: 9-3-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: ST LOUIS MO.

18. (a) Signature of funeral director: Corley Thompson  
(b) Address: Neosho Missouri

19. (a) Sept 3, 1940 (b) Orval S. Salmond  
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: MISSOURI (b) County: NEWTON  
(c) City or town: NEOSHO  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 620 N. COLLEGE  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.: 58 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3 day SEPT  
year 1940 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from April 7th  
1940 to Sept 3, 1940  
that I last saw him alive on Sept 3, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes mellitus  
Duration: 34 YRS

Due to: \_\_\_\_\_

Due to: 59

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

PHYSICIAN: \_\_\_\_\_  
Major findings: none  
Of operations: \_\_\_\_\_

Of autopsy: None  
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?  
54's \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: \_\_\_\_\_

23. Signature: Melvin McCallough (M. D. or other) D.O.  
Address: SAV. BK. Bldg. Neosho Mo. Date signed: 9/3/40

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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**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..... *Barley Thompson*.....

Licensed Embalmer No. *3259*.....

P. O. Address *Neesho 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.**