

FILED MAR 3 1942
Registration District No. 10.18A

Primary Registration District No. 10.18A 4464

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County: St. Francois
(b) City or town: Farmington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 months
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Francois
(c) City or town: Farmington, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME

Mrs. Marie Lucinda Dief

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: Female 5. Color or race: white Cauc.
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife: Mr. John Dief
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: December 29 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months _____ Days 28 If less than one day _____ hr. _____ min.

9. Birthplace: New Iron Mountain, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business _____

12. Name: Mr. Joel Cory

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

14. Maiden name: Leona Warren

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

16. (a) Informant: Mrs. M.E. Dossing - Sister

(b) Address: High River, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 29-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn, Farmington

18. (a) Signature of funeral director: Alvin W. Hood

(b) Address: 303 Crane St.

19. (a) 2-4-42 (Date received local registrar) (b) Byrdie S. Burkmaster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th year 1942 hour 12:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 27th 1942 to January 27th 1942, that I last saw her alive on January 27th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis, generalized + marked

Due to 97

Other conditions: Senile Psychosis, Simple about 3 yrs.
(Include pregnancy within 3 months of death)

Major findings: Deterioration
Of operations: No operations
Of autopsy: No autopsy

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? _____

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

23. Signature: C.C. Quilt (M.D. or other) M.D.
Address: Farmington, Mo. Date signed: 2/1/42

1196

1910

Date Filed 2-12-18
District File Number 242-218
District Health Officer No. 4

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Cross St. San Juan

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.