

FILED MAY 6 1942

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 428

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
923 Green Street /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Not
(Specify whether years, months or days)
 In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph /
(If outside city or town limits, write "RURAL") 7
 (d) Street No. 923 Green Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? No. 0 years.

3. (a) PRINT FULL NAME Winfield Scott Diller

3. (b) If veteran, name war No 3. (c) Social Security No. 491-10-2811

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Nettie Diller 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased May 24 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>11</u>	<u>1</u>	hr. min.

9. Birthplace Waverly Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Grocery

12. Name Sylvenus K. Diller
 13. Birthplace Unknown Canada
(City, town, or county) (State or foreign country)
 14. Maiden name Roanna Westbrook
 15. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nettie Diller
 (b) Address 923 Green St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 4-27-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meisshoff
 (b) Address 13th. & Faran St. St. Joseph, Mo.

19. (a) 4-27-42 (b) Rae Hergoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th.
 year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 26
1942 to April 25, 1942,
 that I last saw him alive on April 25, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic Myocardial Insufficiency
Lobes Pneumonia

Due to Chronic Myocardial Insufficiency 3 mo
Lobes Pneumonia 7
 Due to _____
 Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
 Of operations ✓ / 100
 Of autopsy ✓

Duration
 3 mo
 7
 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? ✓

While at work ✓ (Specify type of place) 0
 (of Means of injury)
 23. Signature Mustav Han (M. D. or other) MD
 Address W. K. Bledsoe St. St. Joseph, Mo. Date signed 4/25/42

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

MOTHER FATHER

by law.

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: *Geo E Daniel*

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

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.