

Registration District No. 5431
Primary Registration District No. 5431

3800
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Rural - Jackson
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 60 years
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry
(c) City or town Rural - Jackson
(d) Street No. King City Mo.
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Anna Dierenfeldt

3. (b) If veteran, name war
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Emil Dierenfeldt
6. (c) Age of husband or wife if alive 17 years

7. Birth date of deceased Nov. 17 1867

8. AGE: Years 74 Months 7 Days 25

9. Birthplace Ashland Penn

10. Usual occupation housewife

11. Industry or business

12. Name George Deiter

13. Birthplace Germany

14. Maiden name Lucia Quell

15. Birthplace Germany

16. (a) Informant George Dierenfeldt

(b) Address King City Mo.

17. (a) Burial (b) Date thereof July 14 42

(c) Place: burial or cremation St. Patrick's cem Ford Cit

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City Mo.

19. (a) Date received local registrar July 14 - 42 (b) Registrar's signature Homer M. Mebster

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1942 hour 10:00 p.m. minute p.m. M.

21. I hereby certify that I attended the deceased from 15th day of December 1942 to June 26 1942
that I last saw h.e.r. alive on June 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Gall Bladder and Liver

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of 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?

(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 Dr. Zack A. Barnes

Address King City, Mo. Date signed 7/14/42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address. King City 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.