

FILED OCT 2 1942
Registration District No. **59**

Primary Registration District No. **5234**

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

1. PLACE OF DEATH:

(a) County **Cass**
(b) City or town **West Peculiar Rural**
(If outside city or town limits, write "RURAL" and name of township)
(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 **22 hr.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cass**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **BERNIE LEE DIAMOND JR.**

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 **D**

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

7. Birth date of deceased **Sept. 1942**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **22 hr.** min.

9. Birthplace **West Peculiar Township, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Bernie Lee Diamond**

13. Birthplace **Pittsburg, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **E. Douglas**

15. Birthplace **Berryville, Ark.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bernie Lee Diamond**

(b) Address **Peculiar, Mo.**

17. (a) **Burial** (b) Date thereof **9-23-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **West Union**

18. (a) Signature of funeral director **Geo. E. Myers**

(b) Address **Cleveland, Mo.**

19. (a) **Sept. 24-42** (b) **Margaret Volle**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **23**
year **1942** hour **2:30** minute **A** M.

21. I hereby certify that I attended the deceased from **Sept 22**
19 **42** to _____ 19 _____
that I last saw him alive on **September 22**, 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **asphyxia neonatorum**
Due to **Prematurity**

Due to _____

Due to _____

Other conditions **159**
(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? _____ (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 **D**

23. Signature **Walter V. Robbins** (M. D. or other) **MD**
Address **Peculiar, Mo.** Date signed **9/23/42**

Duration

1 day

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 _____

Licensed Embalmer No. 2517

P. O. Address: Cleveland, 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.