

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30313**

FILED OCT 6 1942

Registration District No. **118**

Primary Registration District No. **4188**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County **Gasconade**
(b) City or town **Owensville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **Life** years, months or days)

3. (a) PRINT FULL NAME

Emma Dieckgrafe

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Louis Dieckgrafe** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 29 1864**
(Month) (Day) (Year)

8. AGE: Years **78** Months **4** Days **17** If less than one day hr. _____ min. _____

9. Birthplace **Hermann Mo. I**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Jacob Colling**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Hammond**
15. Birthplace **Notttingham England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Laura Angell Holt**
(b) Address **Owensville, Mo**

17. (a) **Burial** (b) Date thereof **Sept 17 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cem Owensville, Mo**

18. (a) Signature of funeral director **Jappmeyer - Murray**
(b) Address **Owensville, Mo**

19. (a) **9-12-42** (b) **Myrtle M. Winkler**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Gasconade**
(c) City or town **Owensville**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **15**
year **1942** hour **4** minute **00 P.M.**

21. I hereby certify that I attended the deceased from **Nov 16 1941** to **September 15 1942**
that I last saw him alive on **Sept 14 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Malignant growth in abdomen**
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **552**

Major findings: Of operations _____
Of autopsy _____
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)
(e) Means of injury _____

23. Signature **Edw Melliss** (M. D. or other) **MD**
Address **Owensville Mo** Date signed **9-16-42**

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

Me, Registered Apprentice No. _____

working under my personal supervision.

Signed

Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address Owensville, 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.