

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1947/28
318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30351
Registrar's No. 688

Registration District No. Primary Registration District No. 5465

39
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town ~~SPRINGFIELD~~ Rural N.C. Campbell
(c) Name of hospital or institution: R.F.D. # 1 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 years (Specify whether years, months or days)
In this community 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County GREENE: 39
(c) City or town ~~SPRINGFIELD~~ Rural N.C. Campbell
(d) Street No. R.F.D. # 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME BENJAMIN J. DIEMER
(b) If veteran, name war NONE (c) Social Security No. 444-18-6535

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month SEP. day 22ND year 1947 hour 10 minute 45 P.M.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CORA O. DIEMER
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased. 26 SEP 1864 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/22 to 9/22, 1947, at Saline, Mo. and that death occurred on the date and hour stated above.
Immediate cause of death: Arteriosclerosis (Coronary Arteriosclerosis)

8. AGE: Years 77 Months 11 Days 26 If less than one day hr. min.

Due to: Duration

9. Birthplace COLUMBUS OHIO (City, town, or county) (State or foreign country)

Due to: Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation MGR. OF CEMETERY
11. Industry or business CEMETERY OPERATOR

Major findings: Of operations: Of autopsy: 820

MOTHER FATHER { 12. Name JOSEPH O. DIEMER
13. Birthplace GROVE CITY OHIO (City, town, or county) (State or foreign country)
14. Maiden name ELIZA HUNT
15. Birthplace CAMBRIDGE ENGLAND (City, town, or county) (State or foreign country)

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

16. (a) Informant CORA O. DIEMER
(b) Address SPRINGFIELD MO. R#1

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? _____

17. (a) BURIAL (b) Date thereof Sep 25, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.
18. (a) Signature of funeral director J. W. Lingner Mo.
(b) Address Springfield Mo.
19. (a) 9-25-47 (b) J. W. Hartsley (Date received local registrar) (Registrar's signature)

23. Signature J. H. Lawrence (M. D. or other) M.D.
Address Springfield, Mo. Date signed _____

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

Roy A. Lavin

Licensed Embalmer No. *1763*

P. O. Address *Springfield M*

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.