

MAR 12 1943
 Registration District No. **245**

Primary Registration District No. **5836**

Registrar's No. **14**

1. PLACE OF DEATH:
 (a) County **NEWTON**
 (b) City or town **RURAL**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
NEOSHO TWP. 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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **NEWTON**
 (c) City or town **RURAL**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **NEOSHO TWP.**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Edwin Augustas Diggs**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **MALE** **5. Color or** **White**
6. (a) Single, widowed, married, **1 divorced, MARRIED**
6. (b) Name of husband or wife **MAMIE DIGGS** **6. (c) Age of husband or wife if** **69**
7. Birth date of deceased **JANUARY 22 1867**
 (Month) (Day) (Year)

8. AGE: Years **76** Months **0** Days **9**
 If less than one day _____ hr. _____ min.

9. Birthplace **WARREN County IOWA 1**
 (City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business **FARMER**

12. Name **HIRAM DIGGS**

13. Birthplace **INDIANA 1**
 (City, town, or county) (State or foreign country)

14. Maiden name **HANNAH MINDENHALL**

15. Birthplace **IOWA 1**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Local Diggs**

(b) Address **Neosho Mo R#4**

17. (a) Burial **(b) Date thereof 2-2-1943**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gilson Cemetery**

18. (a) Signature of funeral director **Corley Thompson**

(b) Address **Neosho Mo**

19. (a) 2-6-1943 (b) Corley Thompson
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN** day **31**
 year **1943** hour **5:15** minute _____ P. M.
21. I hereby certify that I attended the deceased from **Feb 7**
 _____, 1943, to **Jan 31**, 1943;
 that I last saw h. i. m. alive on **Jan 31**, 1943,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes Mellitus**
 Duration **over 1 yr.**

Due to _____

Due to **61**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature **Charles O. Chester** (M. D. or other) **DO**
Address **Granby, Mo** **Date signed** **2/6/43**

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

MOTHER FATHER

Date Received

7-4-770 MAR 8 1943

File No. 243-20

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.....

working under my personal supervision.

Noah H. Johnson, Registered Apprentice No. *340*

Signed.....

Carley Thompson

Licensed Embalmer No. *3259*

P. O. Address..... *Des Moines*

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.