

Registration District No. 19224

Primary Registration District No. 5432

36  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Stanton *Meramec In*

(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether in this community \_\_\_\_\_ years, months or days) 6 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Stanton 0  
(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.? 0 years.

3. (a) PRINT FULL NAME HARRY J. DIERKING.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th  
year 1943 hour 5 minute A. M.

4. Sex Male White 5. Color or race

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie Dierking 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April 28, 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1942 to June 13, 1943

that I last saw in alive on June 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE: Years Months Days If less than one day

<u>71</u>	<u>1</u>	<u>15</u>	hr. min.
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Due to Carcinoma  
Primary of sigmoid.

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Troy Illinois  
(City, town, or county) (State or foreign country)

Major findings: Of operations No Operation

Of autopsy No Autopsy

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

10. Usual occupation Barber

11. Industry or business Barbering

MOTHER { 12. Name August Dierking

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Constance

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mrs. Hattie Dierking

(b) Address Stanton, Missouri.

While at work? \_\_\_\_\_ (Specify type of place) (or) Means of injury \_\_\_\_\_

23. Signature R. P. Royse (M. D. or other) M. D.

Address Sullivan, Mo. Date signed 6/13/43

17. (a) (Burial, cremation, or removal) Valhalla crematory (b) Date thereof June 16, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Thomas P. Shaller

(b) Address Sullivan, Missouri.

19. (a) 6/14/43 (b) Richard Sullivan  
(Date received by registrar) (Registrar's signature)

**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

*Edgar W. Laffoon*

Licensed Embalmer No.

*13394*

P. O. Address

*Sullivan 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.**