

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3843
Registrar's No. 62

FILED DEC 8 1943
Registration District No. 178

Primary Registration District No. 4189

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town ROSEBUD
(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 ENTIRE LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILHELM FRED DIEBOLD

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife BERTHA KRAMER 6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased FEBRUARY 27 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 14 If less than one day hr. min.

9. Birthplace WOOLHAM MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business

12. Name WILHELM DIEBOLD
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET KLERTIG
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant CHARLES DIEBOLD

(b) Address ROSEBUD, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11 13 1943
(Month) (Day) (Year)

(c) Place: burial or cremation OWENSVILLE CITY CEMETERY

18. (a) Signature of funeral director Myrtle M. Wenzel

(b) Address Owensville, Mo.

19. (a) Nov. 13, 1943 (b) Myrtle M. Wenzel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town ROSEBUD MISSOURI
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER Day 11
year 1943 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from August 7, 1948 to 11-10, 1948
that I last saw him alive on 11-10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia of brain Duration

Due to

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) 83a

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) (c) Means of injury

23. Signature Edna M. Gillis (M. D. or other)
Address Owensville, Mo. Date signed 11-18-43

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.....

Myron Winter

Licensed Embalmer No.

3835

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, fact should be so stated above.