

Registration District No. 132

Primary Registration District No. 3021

1. PLACE OF DEATH: Grundy  
(a) County Grundy  
(b) City or town TRENTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 800 Halliburton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Schuyler  
(c) City or town Queen City Mo. (If outside city or town limits, write "RURAL")  
(d) Street No. - (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -

3. (a) PRINT FULL NAME Freda Herbert Deierling  
3. (b) If veteran, name war - 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 4 year 1943 hour 3:00 minute P M.  
21. I hereby certify that I attended the deceased from Nov. 12, 1943 to Dec. 3, 1943 that I last saw him alive on Dec. 3, 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife William Deierling 6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased Jan 17 1882  
(Month) (Day) (Year)

Immediate cause of death Organic Heart Disease  
Do not know duration of disease  
Due to -  
Due to -  
Other conditions (Include pregnancy within 3 months of death) gbc

8. AGE: Years 61 Months 10 Days 17 If less than one day hr. - min. -

9. Birthplace Queen City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER  
12. Name Herman Herbert  
13. Birthplace Dumstadt Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Gutha Reuser  
15. Birthplace Petersburg Indiana  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: -  
Of operations: -  
Of autopsy: -  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. M. Milstead  
(b) Address Laurens, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7, 1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation Queen City Mo.

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? -

18. (a) Signature of funeral director Dain Zimmerman  
(b) Address Trenton Mo.  
19. (a) 12-6-43 (Date received local registrar) (b) L. S. Roberts (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury -  
23. Signature Gutha E. Sheehy (M. D. or nurse)  
Address Trenton Mo. Date signed Dec. 6, 43

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

1533

**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

*Raymond A. Dawkins*  
.....  
Licensed Embalmer No. *3424*

P. O. Address *Jacksboro 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.**