

S. No. 2
-1-4-41
5-17-39
PI X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14670**
Registrar's No. **310**

Registration District No. **128** Primary Registration District No. **2000**

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

9
2
6

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution: **14 25 N. JEFFERSON**
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Lawrence**
(c) City or town **Marionville**
(d) Street No. _____
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **ELLIOTT DIEMER.**
(b) If veteran, name war **NONE** (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **6th**
year **1944** hour **3** minute **30 P. M.**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
7. Birth date of deceased **March 31- 1870**

21. I hereby certify that I attended the deceased from **4-4-44** 19... to **4-6-44** 19...
that I last saw him alive on **4-6-44** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	74	0	0	

Immediate cause of death **Coronary Occlusion**
Cardiac Asthma
Duration **1-2 hrs.**
1 wk.

9. Birthplace **Columbus Ohio**
10. Usual occupation **Retired (49yr) Dairyman**

MOTHER FATHER
11. Industry or business **Dairymng**
12. Name **Joseph O. Diemer**
13. Birthplace **Zooz City Ohio**
14. Maiden name **Olga Hunt**
15. Birthplace **Cambridge England**

Other conditions _____
Major findings: **94a**
Of operations _____
Of autopsy _____

16. (a) Informant **Ida E. Diemer**
(b) Address **Marionville Mo.**
17. (a) **Burial** (b) Date thereof **April 8-44**
(c) Place: burial or cremation **Green Lawn Bur**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **J. W. Simpson & Co**
(b) Address **Springfield Mo.**
19. (a) **4-7-44** (b) **W. H. Hurdley**

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **J. W. Simpson** (M. D. or other) **md.**
Address **Springfield Mo.** Date signed _____

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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.....

Max Rhodes

Licensed Embalmer No. *4071*

P. O. Address *Sped*

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.