

FILED APR 28 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 5595

Registrar's No. 9

1. PLACE OF DEATH

(a) County Jefferson
(b) City or town Rural - Rock Township
(c) Name of hospital or institution: Our Home Near Murphy Mo 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Life (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Rural Rock Township
(d) Street No. (Murphy Mo)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CONRAD LOUIS DIEHL

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mattilda Sofie Diehl 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Jan 12 1874 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Kimmiswick Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Wendell Diehl
13. Birthplace Germany
14. Maiden name Catherine Zuffall
15. Birthplace MATTESE STROVIS Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Diehl
(b) Address House Springs Mo - RR #1

17. (a) Burial (b) Date thereof Mar. 22-1944 (Month) (Day) (Year)
(c) Place: burial or cremation St. Martins Cem. - High Ridge Mo

18. (a) Signature of funeral director J. B. Edwards
(b) Address House Springs Mo

19. (a) 3/22/44 (b) Ed Clement (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1944 hour 7 minute 57 P.M.

21. I hereby certify that I attended the deceased from March 13 1944 to March 18 1944 that I last saw him alive on March 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy - hypertensive - Atherosclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) J. B. Edwards

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 J. B. Edwards (M. D. or other) _____
Address Ordor Hill Date signed 3/21/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1266

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-27-44

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.....
John W. Brimmer

Licensed Embalmer No..... 1470

P. O. Address..... House Springs - 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.