

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34194**

FILED NOV 10 1944

Registration District No. **194**

Primary Registration District No. **5441**

Registrar's No. **103**

1. PLACE OF DEATH:

(a) County **Gasconade**
(b) City or town **Rural Third Creek Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution **1**
(Specify whether
In this community **Lifetime**
years, months or days)

3. (a) PRINT FULL NAME **ALBERT CARL 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**
6. (b) Name of husband or wife **Theresa Cramer Diebold** 6. (c) Age of husband or wife if alive **10**
7. Birth date of deceased **July 1861**
(Month) (Day) (Year)

8. AGE: Years **83** Months **3** Days **9** If less than one day
hr. min.

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

10. Usual occupation **Farming**

11. Industry or business

12. Name **William Diebold** 14
13. Birthplace **Baden Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaretha Kays** 14
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Diebold**
(b) Address **Owensville Mo.**

17. (a) **Burial** (b) Date thereof **Oct 21 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woollem Ev. Cemetery**

18. (a) Signature of funeral director **Myrtle M. Winked**

(b) Address **Owensville, Mo.**

19. (a) **October 21, 1944** (b) **Myrtle M. Winked**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gasconade**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Owensville Route**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **19**
year **1944** hour **1:50** minute **A.M.**

21. I hereby certify that I attended the deceased from **June 24**, 1944, to **October 19**, 1944
that I last saw him alive on **Sept 22**, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration

Due to **Hypertension**

Due to **93d**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 **2**

23. Signature **W. H. H. Bradley** (M. D. or other) **MD**
Address **Owensville, Mo.** Date signed **10-21-44**

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-8-44

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 Me.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Wilford H. H. Winter.....

Licensed Embalmer No. 3838

P. O. Address Queneville, 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.