

FILED MAY 13, 1945

Registration District No. 13

Primary Registration District No. 5108

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County BENTON
(b) City or town RURAL WILHELMSS
(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 77 YRS (Specify whether years, months or days)
In this community 77 YRS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BENTON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. S.W. OF STOVER
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BERTHA WILHELMINE DIECKMAN

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HENRY DIECKMAN 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased MARCH 24 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 6 If less than one day hr. _____ min. _____

9. Birthplace BENTON CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER
12. Name CHAS FICKEN II
13. Birthplace HANOVER GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name GESCHE WRIEDEN
15. Birthplace HANOVER GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MR. RICHARD DIECKMAN

(b) Address COLE CAMP MO

17. (a) BURIAL (b) Date thereof MAY 4 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BOESCHENVILLE CEM

18. (a) Signature of funeral director J. Stevenson

(b) Address Stover Mo.

19. (a) 24-4-1945 (b) Pauline Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 30
year 1945 hour 5 minute P M.

21. I hereby certify that I attended the deceased from 1-1-43 to 4-30-45
that I last saw her alive on 4-27-45 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lymphatic glands
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 55c

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) (e) Means of injury 0
23. Signature J. Reser (M. D. or other) Paul
Address Cole Camp Mo Date signed 5-1-45

DEC 11 1947

Di. No. 7,
Service File Number 4-46-418
Date Filed 5-9-42

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.....

J. L. Stevenson
.....
Licensed Embalmer No. 4073

P. O. Address.....
Stover, Md

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.