Veteran World War I
Soc. Sec. No. 405-09-6727

FILED APR 10 1946

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10481
Do not use this space.

1. PLACE OF DEATH
(a) County Ray — Registration District No. 299
(b) Township Polk — Primary Registration District No. 6024 — Registered No. 4
or
(c) City Elmira — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Mathew Dieleman
(a) Residence, No. Elmira Mo. Polk Twp. — Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Dieleman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 5, 1892
7. AGE: YEARS 53 — MONTHS 6 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Miner
9. Industry or business in which work was done, as saw mill, bank, etc.: 22 years
10. Date deceased last worked at this occupation (month and year): Feb 15, 1946
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Center Nebraska

FATHER
13. NAME: Antonia Dieleman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holland

MOTHER
15. MAIDEN NAME: Eliza Ann Bailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Knoxville Mo.

17. INFORMANT (ADDRESS): Ida Dieleman Elmira Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Prairie Ridge DATE: March 22 1946
19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. W. Morrow Carrollton Mo.
20. FILED 3/22 1946 W. A. Black
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 20, 1946
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30 a.m. Body found
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Had a chronic myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) John F. Baber, Coroner
(Address) Richmond Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

9394

50M-9-19-38 I X16605

4-9-46

APR 8 0

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 James A. Moles.

Licensed Embalmer No. 3296.

P. O. Address Eng Springs Me

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, above space should be left blank.