

FILED FEB 18 1947

Registration District No. F69

Primary Registration District No. 6621

Registrar's No. 99

1. PLACE OF DEATH:

(a) County KNOX
(b) City or town RURAL - LYON
(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 33 yrs. (Specify whether years, months or days)
In this community 33 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County KNOX 52
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DOROTHY ELIZABETH DIEKMANN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ADOLF DIEKMANN 6. (c) Age of husband or wife if alive years

7. Birth date of deceased SEPTEMBER 26 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 24 If less than one day hr. min.

9. Birthplace WEST FALLEN GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name HENRY WILLIAM VACHTER

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant Rouse Bowen
(b) Address Hurdland Mo

17. (a) BURIAL (b) Date thereof 1-22-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PAUL TOWN CEMETERY - ADAM CO

18. (a) Signature of funeral director Boff Heasley Jr.
(b) Address Hurdland Mo

19. (a) 2-10-47 (b) Thelma S. Nurnst
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 20 year 1947 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from JANUARY 19 1947 to JANUARY 20 1947; that I last saw her alive on JANUARY 20 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Myocardial Infarction
Due to with cardiac asthma and Dropsy

Duration 7 year
2 year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95
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) 2
(e) Means of injury

23. Signature Howard C. Gross (M. D. or other) MD
Address Kirkville, Mo. Date signed 2-7-47

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

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RECEIVED
Account of District
No. 42-328
FEB 17 1947

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 Bob Casey Jr.

Licensed Embalmer No. 3755

P. O. Address Hurdland Ma

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.