

FILED MAR 25 1947

Registration District No. _____

Primary Registration District No. **3035**

Registrar's No. **4**

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

1. PLACE OF DEATH:

(a) County **Lafayette**
(b) City or town **Livingston**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1578 Franklin 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Lafayette**
(c) City or town **Livingston** (If outside city or town limits, write "RURAL")
(d) Street No. **1578 Franklin** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LAURA M. DIERKING**

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 **Widow**

6. (b) Name of husband or wife **Lee Dierking** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 24 - 1988** (Month) (Day) (Year)

8. AGE: Years **58** Months **5** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **Concordia MO** (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Dennis Meinert** 0
13. Birthplace **Concordia MO** (City, town, or county) (State or foreign country)
14. Maiden name **Christine Grenting**
15. Birthplace **Concordia MO** (City, town, or county) (State or foreign country)

16. (a) Informant **Miss Darna Dierking**
(b) Address **Livingston MO**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-25-47** (Month) (Day) (Year)

(c) Place: burial or cremation **Livingston MO**

18. (a) Signature of funeral director **Harold J. Gimpel**
(b) Address **Livingston, MO**

19. (a) **15 Feb 47** (Date received local registrar) (b) **Marion E. Gumbert** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **22** year **1947** hour **5** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Aug. 1** 1946 to **Jan. 22** 1947 that I last saw her alive on **Jan 22** 1947 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Pulmonary Edema - with Hypostatic Pneumonia -** Duration **4 1/2**

Diagnosis **Acute myocardial infarction** **48 hr**

Due to **Cerebral Hemorrhage with Hemiplegia** **22 weeks**

Other conditions **Hypertension - with Atherosclerosis** **Defect**

Major findings: Of operations _____ Of autopsy **gnd**

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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) Means of injury **2**

23. Signature **W. L. Delpier** (M. D. or other) **MD**
Address **1021 1/2 Main Livingston MO** Date signed **1/22/47**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-22-47

Bullock

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 Leo McKeon

Licensed Embalmer No. 2983

P. O. Address Lexington, 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.