

FILED APR 8 1947

Registration District No. **268**

Primary Registration District No. **59064396**

Registrar's No. **6**

**1. PLACE OF DEATH:**

(a) County Pemissat

(b) City or town Wardell  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. About 2 year. (Specify whether years, months or days)

In this community About 2 year. (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Jannie Diamond

3. (b) If veteran name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edd Diamond

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Aug - 5 - 1872  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>74</u>	<u>5</u>	<u>28</u>	hr. min.

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

10. Usual occupation None

11. Industry or business

**MOTHER**

12. Name unk Austin

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

14. Maiden name unk

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

16. (a) Informant A. M. Wyatt

(b) Address Wardell

17. (a) Burial (b) Date thereof 2/4-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville

18. (a) Signature of funeral director Richards Lind

(b) Address New Madrid, Mo.

19. (a) 2-31-47 (b) Mrs. A. Gullett  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemissat

(c) City or town Wardell  
(If outside city or town limits, write "RURAL")

(d) Street No. No  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 3  
year 1947 hour 10:30 minute — M.

21. I hereby certify that I attended the deceased from 1-3-1947  
2 19— to 2-5-47 19—;  
that I last saw her alive on 2-3-1947 19—;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration year

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 93D

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)

Means of injury 0

23. Signature A. Gullett (M. D. or other) \_\_\_\_\_

Address Wardell Mo Date signed \_\_\_\_\_

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

78  
0  
0

4-47-119

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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.....

*Not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *I. G. Collins*.....

Licensed Embalmer No. *4346*

P. O. Address..... *New Madrid, 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.**