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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31840

Registration District No. 209 Primary Registration District No. 4320 Registrar's No. 61

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Palmyra
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 315 W. Lafayette
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: Life Time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion 64
(c) City or town: Palmyra 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 315 W. Lafayette 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Emma Catherine Diehl
3. (b) If veteran, name war: No
3. (c) Social Security No.: No.
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February (Month) 2 (Day) 1857 (Year)
8. AGE: Years 90 Months 7 Days 8 If less than one day hr. min.
9. Birthplace: Palmyra, Missouri (City, town, or county) (State or foreign country) O
10. Usual occupation: At Home
11. Industry or business:
FATHER
12. Name: Conrad Diehl
13. Birthplace: Germany (City, town, or county) (State or foreign country) F
MOTHER
14. Maiden name: Christina Lux
15. Birthplace: Germany (City, town, or county) (State or foreign country) F
16. (a) Informant: Mrs Edward Huffstadt
(b) Address: Palmyra, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cemetery
18. (a) Signature of funeral director: Lewis Brown
(b) Address: Palmyra, Mo.
19. (a) 9-27-47 (Date received local registrar) (b) Viola Geer, Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 14 Year 1947 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 12, 1947, to Sept 14, 1947, that I last saw him alive on Sept 14, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary Thrombosis — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: J. J. Hell M.D. (M. D. or other)
Address: Palmyra, Mo. Date signed: 9/15/47

(Licensed Embalmer's Statement on Reverse Side)

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 Geo B. Lewis

Licensed Embalmer No. 2387

P. O. Address Palmyra, Ohio

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.