S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1948

Registration District No. 11

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4024

State File No. 82

Registrar's No. 14

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barry County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 2 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County Tulsa
(c) City or town Tulsa
(If outside city or town limits, write "RURAL")
(d) Street No. 2701 So. Victor
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Benjamin Franklin DIEM

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Angia Diem

6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased July (Month) 27, (Day) 1853 (Year)

8. AGE: Years 94 Months 6 Days 2 If less than one day -- hr. --- min.

9. Birthplace Lancaster Co., (City, town, or county) Penn. (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Retired

MOTHER FATHER

12. Name John Kennedy Diem

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

14. Maiden name Hettie Brower

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

16. (a) Informant Mr. Frank Diem
(b) Address Purdy, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/30/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Perry, Okla; Cemetery

18. (a) Signature of funeral director Koon Funeral Home
(b) Address Cassville, Missouri

19. (a) Jan 30-1948 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th. year 1948 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan. 25, 1948, to Jan. 29, 1948, that I last saw him alive on Jan. 29, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Uremia	4 das.
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

23. Signature [illegible] (M. D.)
Address Cassville, Missouri Date signed

(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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Cassville, 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.