

FILED APR 12 1944

Registration District No. 157

Primary Registration District No. 3023

State File No. \_\_\_\_\_

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Herrin co  
(b) City or town Clinton mo  
(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 \_\_\_\_\_ (Specify whether)  
In this community 50 years (years, months or days)

3. (a) PRINT FULL NAME BARBARA DEIHL

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

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Herry C 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 20 1862  
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Monroe co Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

12. Name Louis Christman

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Deihl

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 3-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consolidated  
(b) Address Clinton mo

19. (a) March 4 1944 (b) Georgia Ditcher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Herrin  
(c) City or town Clinton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 312 north 7th st  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd  
year 1944 hour 10 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Part 70  
8 years 19 \_\_\_\_\_ to 3-2- 1944  
that I last saw her alive on \_\_\_\_\_ 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Myocardial infarction

Due to Carcinoma of Colon  
Colostomy and Antifreeze

Due to Agus  
Recessions of growth

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. C. Deibel (M.D. or other) \_\_\_\_\_

Address Clinton Mo Date signed 3/3/44

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

MOTHER FATHER

DEC 17 1947

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

3-44-477  
4-11-44

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. E. Compton*

Licensed Embalmer No. 1891

P. O. Address *Clinton, 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.