

REC'D MAY 18 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15294  
Do not use this space.

1. PLACE OF DEATH *2*  
(a) County *Lafayette* Registration District No. *457*  
(b) Township *Concordia Mo* Primary Registration District No. *4291*  
(c) City *Concordia Mo* (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Adeline Dieker*  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *whx* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 17-1860*

7. AGE YEARS *78* MONTHS *6* DAYS *3* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) *Emma Mo* (STATE OR COUNTRY) \_\_\_\_\_

FATHER 13. NAME *Fredrick Schelp*  
14. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME *Johanna Nolte*  
16. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT *Louis Dieker* (ADDRESS) *Concordia Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sweet Springs Mo* DATE *Apr. 23 1939*

19. FUNERAL DIRECTOR (NAME) *Wesley Vaigt* (ADDRESS) *Concordia Mo*

20. FILED *April 29 1939* *Pedriand Shryman* (Address) *Concordia Mo*  
*Local Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 20 1939*

22. I HEREBY CERTIFY, That I attended deceased from *March 8 1939*, to *April 20 1939*  
I last saw her alive on *April 20 1939*. Death is said to have occurred on the date stated above, at *9:45 a.m.*  
The principal cause of death and related causes of importance were as follows:  
*Faecal obstruction of bowel*  
*Influenza*

Other contributory causes of importance: *11 lb*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify \_\_\_\_\_  
(Signed) *Pedriand Shryman*, M. D.  
(Address) *Concordia Mo*

Date of onset

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 6/27/39

**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.....

*Frederick & Veigt*  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *E. G. Frederick & J. C. Veigt*  
2959 15711  
Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**