REC'D JUN 14 1939

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

18106
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township Washington — Primary Registration District No. 1001 — Registered No. 550
(c) City St. Joseph, Mo. — (d) Street No. 619 So. 10 street 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 24 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 256 Josephine Caroline Diesner
(a) Residence, No. 619 So. 10 Street 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: August Diesner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 27, 1857
7. AGE: YEARS 81 — MONTHS 10 — DAYS 29 — 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) (STATE OR COUNTRY): Louisville, Kentucky

FATHER
13. NAME: Peter Yant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mt. Pleasent, Ohio

MOTHER
15. MAIDEN NAME: Elizabetn Shetley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT (ADDRESS): Miss Theresa Diesner, 619 So. 10th St Joseph Mo.
18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Falls City, Nebr. DATE 5/27 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton-BeGole & Bowman Funeral Home, St. Joseph, Mo.
20. FILED May 27, 1939 H J Nesthbush, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 26, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 14, 1938, to May 24, 1939
I last saw her alive on May 24, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis —	-
93C	

Other contributory causes of importance: Senile Dementia -

Name of operation: none — Date of: —
What test confirmed diagnosis: Clin — 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) Frank H. Hardigan, M. D.
(Address) Fairpalmer Bldg. St. Joseph Mo.

Licensed Embalmer's Statement on Reverse Side)

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.

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, May 26, ..., or by ✓

Registered Apprentice No....., working under my personal supervision.

Signed W. E. [illegible]

Licensed Embalmer No. 3009

P. O. Address 319 So 10th St [illegible]

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.