

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

2112
 Do not use this space.

FILED FEB 13 1940

1. PLACE OF DEATH
 (a) County Clay
 (b) Township Liberty
 (c) City Liberty, Mo.
 (d) Street No. 0
 (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 Great Frank Diemer 560
 (a) Residence, No. 560 St. 0
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 13 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 3 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. bee man

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) Columbus Ohio

FATHER 13. NAME unk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk unk

MOTHER 15. MAIDEN NAME unk Purdell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk Indiana

17. INFORMANT Margaret Diemer
 (ADDRESS) Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Farm DATE Jan 20 1940

19. FUNERAL DIRECTOR Terrell Neal Funeral Home
 (ADDRESS) Liberty Mo

20. FILED Liberty 1940 W. H. Shaffer
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1939 to Jan 18 1940
 I last saw him alive on Jan 18 1940 Death is said to have occurred on the date stated above, at 3 P. M.
 The principal cause of death and related causes of importance were as follows:
gangrene General arteriosclerosis
 Date of onset Sept 1939

Other contributory causes of importance: 97

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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) Burton Maltby, M. D.
 (Address) Liberty Mo.

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, Victor E. Luning, Licensed Embalmer No. 2896

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Victor E. Luning

Licensed Embalmer No. 2896

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.)