

No. 2
1-10-39
-17-39
1-14-39

JAN 15 1941 297

Primary Registration District No. 3016

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1036 W. 3rd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 1 yrs years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 1036 W. 3rd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME AUGUST HERMAN HENRY DIERRING

3. (b) If veteran, name war no.
3. (c) Social Security No. 495-14-4725

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lea H. Dierring
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased July 13 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 25
If less than one day hr. min.

9. Birthplace Jeffriesburg Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Factory work

MOTHER FATHER
12. Name John Dierring
13. Birthplace Jeffriesburg Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Carstetter Fechtler
15. Birthplace Jeffriesburg Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Gene Dierring
(b) Address Washington, Mo.

17. (a) Burial (b) Date thereof Dec. 11 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director W. H. May
(b) Address Washington, Mo.

19. (a) Dec. 10 1940 (b) H. A. May
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1940 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 3 years
1937 to 1940;
that I last saw him alive on December 8 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Exudative Nephritis Duration 3 yrs

Due to _____
Due to 71

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: none
Of operations none
Of autopsy none
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 W. F. Goodrich (M. D. or other) MD
Address Washington Mo Date signed 12-10-40

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

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 none
Henry W. Otto, Registered Apprentice No. none
working under my personal supervision.

Signed Henry W Otto
Licensed Embalmer No. 3560
P. O. Address Washington

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.