

No. 2
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17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10916

Registration District No. 396

Primary Registration District No. 5552

Registrar's No.

1. PLACE OF DEATH

(a) County Jackson 7th St

(b) City or town Buckner, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
none
(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 Edward H. Dieckmann

3. (b) If veteran, name war _____

3. (c) Social Security No. X

4. Male 5. Color or race white

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Caroline Dieckmann

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan 7 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Jesse, Oregon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Florence Dieckmann

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmine Dieckmann

15. Birthplace Germany 14
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Caroline Dieckmann

(b) Address Lenox, Missouri

17. (a) burial (b) Date thereof 3-19-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner, Mo

18. (a) Signature of funeral director H. M. Reppert

(b) Address Buckner, Mo

19. (a) 9-17-41 (b) John W. Robertson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Buckner
(If outside city or town limit, write "RURAL")

(d) Street No. _____ (If rural, give location) Rural

(e) If foreign born, how long in U. S. A.? X 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar
_____, 1940, to Mar 17, 1941
and that death occurred on the date and hour stated above.

I last saw him alive on Mar 13, 1941

Immediate cause of death
Insufficiency
Arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

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?
358 (Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature P. B. Watts (M. D. or other) D
Address Wellington, Mo Date signed 4-17-41

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

Registered Apprentice No. _____

working under my personal supervision.

Signed

J. M. Rappert

Licensed Embalmer No.

2321

P. O. Address

Buckner - N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.