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FILED SEP 11 1942

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 45 Primary Registration District No. 5150 Registrar's No. 26

13
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Rural Hamilton Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Rural
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Glenn William Diem

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 26 (Day) 1903 (Year)

8. AGE: Years 35 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Carisonville (City, town, or county) Michigan (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Robert Diem
13. Birthplace Carisonville (City, town, or county) Mich. (State or foreign country)

MOTHER
14. Maiden name Ethel Tedford
15. Birthplace Kings Mills (City, town, or county) Mich. (State or foreign country)

16. (a) Informant Robert Diem
(b) Address Hamilton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton, Mo.

18. (a) Signature of funeral director Maggie A. Blaine
(b) Address Hamilton Mo.

19. (a) Aug 18 42 (Date received local registrar) (b) Irma Jane Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1942 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Dec. 18, 1941, to Aug 15, 1942, that I last saw him alive on Aug 13, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Valvular insufficiency of heart. Extreme angina

Due to

Due to

Other conditions Regurgitation very bad.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Lee Eads (M. D. or other)
Address Hamilton Mo Date signed 8-18-42

1100

(Licensed Embalmer's Statement on Reverse Side)

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 Morris A. Brown

Licensed Embalmer No. 3918

P. O. Address Hamilton Mo

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

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