

Registration District No. 1943 3

Primary Registration District No. 5431

1. PLACE OF DEATH:

(a) County Franklin MO  
(b) City or town Londell MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Prima Two  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 80 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Londell MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Lily Dierker

3. (b) If veteran, name war --- 3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15 year 1943 hour 8 minute --- M.

21. I hereby certify that I attended the deceased from 3-27 1943 to 4-15 1943 that I last saw her alive on 4-14 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of hair White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Frank Dierker 6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased March 19<sup>th</sup> 1863  
(Month) (Day) (Year)

Immediate cause of death enamel Hemorrhage

8. AGE: Years 80 Months 26 Days --- If less than one day hr. .... min.

Due to Arteriosclerosis  
Due to infirmities of age

9. Birthplace Luebbers, Franklin Co. Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) gza

10. Usual occupation Housewife

11. Industry or business ---  
12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

PHYSICIAN ---  
Underline the cause to which death should be charged statistically.

16. (a) Informant Wm Dierker  
(b) Address LONDRELL MO.

17. (a) Burial (b) Date thereof 4-18-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? ---

(c) Place: burial or cremation Chenwood Cemetery

18. (a) Signature of funeral director Gay J. King  
(b) Address St Clair MO

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

19. (a) 4/17/43 (b) W. J. King Jr.  
(Date received local registrar) (Registrar's signature)

23. Signature W. J. King Jr. (M. D. or other)  
Address Richwood's Date signed 4-16-43

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

36  
00

11-2

**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 *Joe L. Hughes*

Licensed Embalmer No. *3008*

P. O. Address. *Pacific Mo*

**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, fact should be so stated above.**