DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42197

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4606

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3915 Waddell Ave. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 45 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County Jackson

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

(d) Street No. 3915 Waddell Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry DIAMOND. 553

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Leta Diamond 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June (Month) 9th (Day) 1868 (Year)

8. AGE: Years 71 Months 5 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Rochester (City, town, or county) New York 1 (State or foreign country)

10. Usual occupation Retired Switchman 2

11. Industry or business Missouri Pacific R.R. 9

FATHER
12. Name John Diamond
13. Birthplace _____ (City, town, or county) Canada. (State or foreign country)

MOTHER
14. Maiden name Mary McCarthy.
15. Birthplace Unknown (City, town, or county) Unknown. (State or foreign country)

16. (a) Informant's own signature Mrs Leta Diamond.
(b) Address 3915 Waddell Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/39 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park.

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.

19. (a) Dec. 4, 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1-39
year _____ hour _____ minute 1005 M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19__ to _____, 19__;
that I last saw him alive on _____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Carbolic Acid Poisoning

Due to _____

Due to _____ 163

Other conditions _____
(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) Suicide
(b) Date of occurrence 12-1-39
(c) Where did injury occur? [signature] (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 4
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature [signature] (M. D. or other)
Address [signature] Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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 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.....

Licensed Embalmer No. 2999 /EC

P. O. Address.....

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.