

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17621
2151
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kennett City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Non-Resident
years, months or days) Albert Diko, Jr.

3. (a) PRINT FULL NAME Albert Diko, Jr.

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

4. Sex Male 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 April 3 - 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 11 22 _____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name Albert S. Diko Sr

13. Birthplace Kennett Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ana Atkinson

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

16. (a) Informant's own signature Albert S. Diko Sr

(b) Address 321 South Osage

17. (a) Burial (b) Date thereof 5/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director Walter Carson

(b) Address Independence Mo

19. (a) May 26, 1940 (b) M. M. Ernie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 321 South Osage
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1940 hour 2 minute P M.

21. I hereby certify that I attended the deceased from May 25, 1940 to May 25, 1940
that I last saw him alive on May 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Streptococcus pyogenes
Due to Bilateral otitis media
Due to Terminal Bronchopneumonia
Other conditions (include pregnancy within 3 months of death) None

Major findings: _____ PHYSICIAN _____
Of operations _____
Of autopsy Yes
same
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. B. Soderberg (M. D. examiner)
Address 1316 Prof 131dg Date signed _____

17621-2151-40

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

George C. Carson

Licensed Embalmer No.

2249

P. O. Address

Independence

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.