No. 2
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FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17070

Registration District No. 399 Primary Registration District No. 1062 Registrar's No. 1732

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2814 Gilliam Road (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether In this community 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 2814 Gilliam Road (If rural, give location) 8

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

3. (a) PRINT FULL NAME Minnie M. Diehl

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

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

6. (b) Name of husband or wife Mahlon A. Diehl 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb. (Month) 6 (Day) 1872 (Year)

8. AGE: Years 68 Months 2 Days 22 If less than one day ___ hr. ___ min.

9. Birthplace Henry County Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ------

FATHER
12. Name William Gibson
13. Birthplace Henry County Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Lewis
15. Birthplace Henry County Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Mahlon A. Diehl

(b) Address 2814 Robert Gillham Road

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

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director D. W. Newcomers Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 5 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 28-41 year ___ hour ___ minute 5 30 P M.

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

Immediate cause of death Hemoperi Cardium

Due to Rupt Aorta - Medial Necrosis

Due to n. n. o.

Other conditions (Include pregnancy within 3 months of death) 96

Major findings: Of operations 96

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 Russell W. [illegible] (M. D. or other) 3

Address K Cmn Date signed

(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 Blaine E. Weilent

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor

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, fact should be so stated above.