S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

20239

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2314

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

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: 3915 Holmes Street
(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 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3915 Holmes Street 8
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No) 17
If yes, name country Germany

3. (a) PRINT FULL NAME Mr. Egon Phillip Diederich

3. (b) If veteran, name war English Army

3. (c) Social Security No. 495-07-9416

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Virgie May Diederich

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased October (Month) 27 (Day) 1878 (Year)

8. AGE: Years 63 Months 7 Days ~~16~~ 15 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business H.D. Lee Mercantile Company

FATHER
12. Name William Diederich 4
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Clothilde Zinser
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Virgie May Diederich
(b) Address 3915 Holmes Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 6/14/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th year 1942 hour 11 minute P. M.

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

Immediate cause of death Coronary Sclerosis, Chronic fibrous myocarditis with acute pulmonary edema

Due to 93D

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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 7

23. Signature C. Toth (MD or other) 6/13/42
Address Kew Date signed

561 (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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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.