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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23350

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2915

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: 438 East Gregory /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution xx (Specify whether
In this community 69 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. 438 E. Gregory 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Eugene J. Dietrich

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

4. Sex Male 0
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed 9

6. (b) Name of husband or wife Wolfkuhl Dietrich
6. (c) Age of husband or wife if alive xx years

7. Birth date of deceased December (Month) 31 (Day) 1857 (Year)

8. AGE: Years 84 Months 7 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace Oshkosh (City, town, or county) Wisconsin / (State or foreign country)

10. Usual occupation Retired

11. Industry or business

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

MOTHER
14. Maiden name Margaret Marx
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Roy K. Dietrich
(b) Address 2626 E. 28th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 8-3-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2nd year 1942 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from 10/14, 1936 to 7/6, 1942; that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to above
Due to complicated with extreme jaundice
Other conditions (Include pregnancy within 3 months of death) 83a
Major findings:
Of operations none
Of autopsy no

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) none
(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? Means of injury

23. Signature E. L. Mathias (M. D. or other)
Address 1003 Sharp Bldg Date signed 8/3/42

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(Licensed Embalmer's Statement on Reverse Side)

1003 Sharp Bg

VI-5849

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 A. R. Haunschild

Licensed Embalmer No. 4159

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.