V. S. No. 2
100M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

Registration District No. 749

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 23665

Registrar's No. 2917

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~~: ST. JOSEPH HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 3 DAYS (Specify whether years, months or days)
In this community 50 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No. 6211 EASTWOOD DRIVE (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: - - - -

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3. (a) PRINT FULL NAME: MRS. EDNA HELEN DIETRICH
3. (b) If veteran, name war: NO
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~~: MR. RAYMOND L. DIETRICH
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: JUNE (Month) - 9 (Day) - 1890 (Year)

8. AGE: Years 54 | Months 1 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace: KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business: - - - - -

MOTHER FATHER
12. Name: DAVID P. OGELSBY
13. Birthplace: UNKNOWN (City, town, or county) ILLINOIS (State or foreign country)
14. Maiden name: MARTHA LEE ETTA BAKER
15. Birthplace: MONTGOMERY COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant: R. L. Dietrich
(b) Address: 6211 Eastwood Dr KC Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JULY 15 1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: CALVARY CEMETERY
18. (a) Signature of funeral director: D. A. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 7-14-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 13TH year 1944 hour 1 minute 55A M.
21. I hereby certify that I attended the deceased from Pathologist, 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: Generalized arteriosclerosis
~~Due to~~: with myocardial infarction
~~Due to~~: Cardiovascular-renal
~~Other conditions~~: disease
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations: 131a
Of autopsy: as above

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: Maurice Sherwood O (M. D. ~~or coroner~~)
Address: Pathologist - St. Joseph Hospital K.C., Mo. Date signed 7-13-44

(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 H C Newcomer Jr

Licensed Embalmer No. 4043

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.