

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED FEB 11 1948

Registration District No. 149 Primary Registration District No. 1002

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: General Hospital No. 10
(If not in hospital or institution, write street number or location)

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

In this community 50 years
(Specify whether years, months or days)

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. 3944 McGee
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Henry Daniel Diers

3. (b) If veteran, name war no.

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Jeanette Diers

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

7. Birth date of deceased August 21 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25
year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 26, 1945 to Jan. 25, 1946
that I last saw h. im alive on Jan. 25, 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>5</u>	<u>4</u>	hr. <u>5</u> min.

Immediate cause of death Lymphosarcoma

Due to.....

Due to.....

Other conditions 552
(Include pregnancy within 3 months of death)

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

10. Usual occupation Druggist

11. Industry or business X

MOTHER FATHER { 12. Name unknown, 7

13. Birthplace unknown, 7
(City, town, or county) (State or foreign country)

14. Maiden name unknown,

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Jeanette Diers,

(b) Address 3944 McGee St., Kansas City, Mo.

17. (a) burial (b) Date thereof 1-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-28-46 (b) Staldine Holmes
(Date received local registrar) (Registrar's signature)

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 Clark W. Seal 1-28-46
Address Med. Dir. Gen'l Hosp. Date signed

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

936

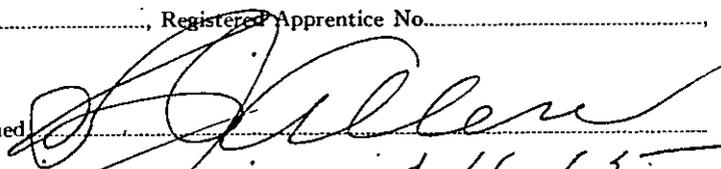
Dr. Miller

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



Licensed Embalmer No. 1413

P. O. Address P. O. W.

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.