

No. 2  
-8-43  
-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30215

State File No. ....

**FILED** OCT 7 1946

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 3986

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: Colonial Rest Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution about 6 weeks  
(Specify whether  
In this community 62 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2401 East 68 Terrane  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT Theodore L. Deiss  
FULL NAME

3. (b) If veteran, No name war  
3. (c) Social Security No

4. Sex Male 5. Color or race Wh.  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife unknown  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased August 5 1858  
(Month) (Day) (Year)

8. AGE: Years 88 Months I Days I4  
If less than one day  
hr. min.

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

10. Usual occupation Printer

11. Industry or business  
12. Name William Deiss  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name No Record Germany  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alice Richter  
(b) Address 2401 East 68 Terrace

17. (a) Burial (b) Date thereof Sept 21 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wornall Funeral Home

(b) Address 7406 Wornall

19. (a) 9-20-46 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19  
year 1946 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from Sept 1 1946  
that I last saw him alive on Sept 18 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration 48 hrs

Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 83a  
Of autopsy  
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 S W Fair  
Address 404 S W 75  
Date signed Sept 20/46

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

MOTHER FATHER

**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 Howard G. Rol

Licensed Embalmer No. 2748

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.**