

No. 2
-12-45
-17-39
X47070

FILED MAY 26 1947

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: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 HOURS
(Specify whether years, months or days)
In this community 36 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. 3825 CENTRAL
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. NEOLA IYV, DIAMOND

3. (b) If veteran, name war NO
3. (c) Social Security No. 487-12-6202

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. BERNARD DIAMOND
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased SEPTEMBER 14 1906
(Month) (Day) (Year)

8. AGE: Years 40 Months 7 Days 28
If less than one day hr. _____ min. _____

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

10. Usual occupation EMPLOYEE - WAITRESS

11. Industry or business RENO'S CAFE

12. Name IRA DAVIS

13. Birthplace FORT WAYNE INDIANA
(City, town, or county) (State or foreign country)

14. Maiden name SARAH MORRIS

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

16. (a) Informant Charles Diamond

(b) Address 3625 Central

17. (a) BURIAL (b) Date thereof MAY 14 1947
(Burial, cremation, or inquest) (City or town) (County) (State)

(c) Place: burial or cremation HIGHLAND PARK CEMETERY KANSAS CITY, KANSAS

18. (a) Signature of funeral director D. H. Ducomers

(b) Address 1401-BUSH CREEK BLVD.

19. (a) 5-13-47 (b) Thelma Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 12
year 1947 hour 11 minute 45 A.M.

21. I certify that I attended the deceased MAY 12 1947
that I last saw her alive on April 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory paralysis
1 cause (infection)

Duration 18 hrs.

Due to _____

Due to _____

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

Major findings: Of operations none

Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Joseph W. Baker (M. D. 5/13/47)
Address 4000 Bollinger Date signed _____

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.