No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27652

FILED AUG 19 1947

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3348

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

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. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 mins. (Specify whether
In this community 2 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. 2624 E. 11 St. 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Michael Diibon
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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 27, 1945
(Month) (Day) (Year)

8. AGE: Years 2 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation infant
11. Industry or business
FATHER
12. Name x
13. Birthplace x
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Diibon
15. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Margaret Diibon
(b) Address 2624 E. 11th. St.
17. (a) burial (b) Date thereof 8-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Marys
18. (a) Signature of funeral director Ketterlin Funeral Home
(b) Address Kansas City, Mo.
19. (a) 8-7-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6
year 1947 hour 10 minute 40 A. M.
21. I hereby certify that I attended the deceased from Aug. 6, 1947 to Aug. 6, 1947 that I last saw him alive on Aug. 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Multiple lung abscesses	
Due to Cause unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

PHYSICIAN
Underline the cause of 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 Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 8-6-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ridings

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.....

P. O. Address.....

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.