

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 2 mos. 3 days
(Specify whether years, months or days)

In this community 30 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. 5334 Lydia
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

48
3
8
0

3. (a) PRINT FULL NAME Flora M. Diffin

(b) If veteran, name war No

(c) Social Security No. 489-243935

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
year 1948 hour 2 minute 10 A.M.

4. Sex FEMALE / 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. EDGAR B. DIFFIN

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

7. Birth date of deceased: JANUARY 15 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 24 1947 to Jan. 27 1948 that I last saw her alive on Jan. 27 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Subarachnoid hemorrhage

Duration _____

Due to _____

Due to _____

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

8. AGE: Years 69 Months 0 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace: HILLSBORD ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business _____

12. Name: THOMAS H. FREELAND

13. Birthplace: ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name: MARY E. HIGGINS

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

16. (a) Informant: LDA J. MOYER

(b) Address: 4218 OLIVE STREET

17. (a) BURIAL (b) Date thereof JAN 31 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: FAYETTE, MISSOURI

18. (a) Signature of funeral director: A. H. Newcomer's Sons

(b) Address: 1401 BRUSH CREEK BLYD

19. (a) 1-29-48 (b) Alfredine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations _____

Of autopsy: None

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

MOTHER { 12. Name: _____

FATHER { 13. Birthplace: _____

14. Maiden name: _____

15. Birthplace: _____

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? 0

While at work? _____ (Specify type of place)

23. Signature Wm W. Hart (M. D. or other) Med. Dir.
Address Gen'l Hosp Date signed 1-27-48

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

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 Bernard J. Lyons
Licensed Embalmer No. 4250
P. O. Address MC 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.