

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED MAR 8 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 924

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | |
| c. LENGTH OF STAY (in this place) <u>77 years</u> | | d. STREET ADDRESS (If rural, give location) <u>7323 Wayne</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7323 Wayne</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MRS. ROSE</u> | b. (Middle) <u>FRANCES</u> | c. (Last) <u>DIEHL</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>Feb 24 1952</u> |

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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Mar 19 1854</u> | 9. AGE (In years last birthday) <u>97</u> | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Canada</u> | 12. CITIZEN OF WHAT COUNTRY? <u>2</u> |
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| 13a. FATHER'S NAME <u>MICHAEL McMAHON</u> | 13b. MOTHER'S MAIDEN NAME <u>JANE MORAN</u> | 14. NAME OF HUSBAND OR WIFE <u>HENRY DIEHL</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs J. L. Inzerillo</u> | ADDRESS <u>7323 Wayne</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia about</u> | ANTECEDENT CAUSES <u>& hemorrhage of lungs.</u> | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | DUE TO (b) <u>myocardial insufficiency</u> | | |
| | DUE TO (c) <u>senility</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis.</u> | | | <u>422!</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Sept 1944 to Feb. 24, 1952, that I last saw the deceased alive on Feb. 24, 1952, and that death occurred at 10:15 Am., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>A.B. Boyer</u> | 23b. ADDRESS <u>552 97th Ave. K.C. Mo.</u> | 23c. DATE SIGNED |
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|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb 27 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY'S CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>2-27-52</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Quirk & Tobin</u> | ADDRESS <u>20 W LINWOOD</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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~~

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Farrest D Goldenow*

Licensed Embalmer No. *47 14*

P. O. Address *Kansas City 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.