

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16420

State File No.

FILED JUN 7 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2145

1. PLACE OF DEATH
a. COUNTY Jackson 0
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (In this place) 12yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Jackson 339R
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. STREET ADDRESS (If rural, give location) 2518 E. 25th

3. NAME OF DECEASED
a. (First) Genevieve b. (Middle) Diggs c. (Last) Diggs

4. DATE OF DEATH (Month) (Day) (Year)
5- 6- 52

5. SEX Female
6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Jan. 15 1916

9. AGE (In years last birthday) 36
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 1 MIN. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
hair stylist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Dallas Texas

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Curtis Washington

13b. MOTHER'S MAIDEN NAME
Onehila Rush

14. NAME OF HUSBAND OR WIFE
Alonzo Diggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
450-767420

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Alonzo Diggs 2518 E. 25th St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
Intestinal Bleed
ANTECEDENT CAUSES
Postoperative Hysterectomy
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Basal Pulmonary atelectasis

INTERVAL BETWEEN ONSET AND DEATH
2 1/4

19a. DATE OF OPERATION
5/2/52

19b. MAJOR FINDINGS OF OPERATION
Parasitic multiple fibromyomata

20. AUTOPSY?
YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from May 2, 1952 to May 6, 1952, that I last saw the deceased alive on May 6, 1952, and that death occurred at 11 A. M., from the causes and on the date stated above.

23a. SIGNATURE Roy Goodman MD (Doctor or title)

23b. ADDRESS 411 Nichols Road

23c. DATE SIGNED May 7 52

24a. BURIAL, CREMATION, OR REMOVAL (Specify)

24b. DATE 5-10-52

24c. NAME OF CEMETERY OR CREMATORY Lincoln Cem.

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 5-10-52 REGISTRAR'S SIGNATURE Seraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marlow P. Williams 1729 Lydia

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

4345

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

J. Marlowe

Signed.....
Student Embalmer

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.