S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8471

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 58

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

1. PLACE OF DEATH:

(a) County VERNON

(b) City or town NEVADA (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: STATE HOSPITAL No 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 11 MO. 25 DAYS In this community

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. 6007 EAST 16th (If rural, give location)

(e) If foreign born, how long in U. S. A.? USA years.

3. (a) PRINT FULL NAME MARGARET DIPPO

3. (b) If veteran, name war NO

3. (c) Social Security No. UNKNOWN

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ANDREW-DIPPO

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

7. Birth date of deceased OCT (Month) 31 (Day) 1868 (Year)

8. AGE: Years 72 Months 3 Days 14 If less than one day hr. min.

9. Birthplace BLUE SPRINGS (City, town, or county) ARK (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business NONE

FATHER 12. Name PATRICK POWERS

FATHER 13. Birthplace UNKNOWN (City, town, or county) IRELAND (State or foreign country)

MOTHER 14. Maiden name MARY DAVENPORT

MOTHER 15. Birthplace SHAWNEE (City, town, or county) KANSAS (State or foreign country)

16. (a) Informant RECORDS STATE HOSP No 3

(b) Address NEVADA MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-41 (Month) (Day) (Year)

(c) Place: burial or cremation K.C. MO.

18. (a) Signature of funeral director C.H. Blackman

(b) Address 252 S. Grand Blvd. K.C. Mo.

19. (a) 2-14-41 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 14th year 1941 hour 7 minute A M.

21. I hereby certify that I attended the deceased from FEB 20, 1940, to FEB 14, 1941; that I last saw her alive on FEB 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CHRONIC DEGENERATIVE MYOCARDITISIS	
Due to	
Due to	
Other conditions GENERALIZED ARTERIOSCLEROSIS (Include pregnancy within 3 months of death)	
SENILE DIMINTIA-AGITATED TYPE	

Major findings:
Of operations
Of autopsy

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

22. If death was due to external causes, fill in the following: NO

(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 Paul L. Barone (M. D. or other) M.D.

Address State Hosp No 3 Date signed Feb 14 1941

(Licensed Embalmer's Statement on Reverse Side) Nevada Mo.

RECEIVED
District Health Officer No. 7,
District File Number 3-41-408
Date Filed 3-7-41

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 H. W. Blackman, Registered Apprentice No. ....., working under my personal supervision.

Signed H. W. Blackman By M. Farris.

Licensed Embalmer No. 4636

P. O. Address K. C. 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, above space should be left blank.