

No. 2  
-1-4-41  
-17-39  
X26390

FILED MAY 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **14817**

Registration District No. **395**

Primary Registration District No. **5551A**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **Residence 1**  
(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)

In this community **40 yrs**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson MO**

(c) City or town **Blue Springs**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1 1/2 mile E Blue Springs**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William Diefle**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **2**  
year **1941** hour **12** - minute **40 P.** M.

4. Sex **Male**  **White**

5. Color of hair \_\_\_\_\_

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Margaret Diefle**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **John - 12 - 1873**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 19 1941** to **May 2 1941**  
that I last saw him alive on **May 2 1941**  
and that death occurred on the date and hour stated above.

8. AGE: Years **67** Months **10** Days **20**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Acute myocarditis**  
Duration **2 weeks**

9. Birthplace **St Louis** **Mo.**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to **93 W**

10. Usual occupation **Farmer**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business **Agricultural**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

MOTHER FATHER

12. Name **Unknown**

13. Birthplace **Unknown** **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown** **Germany**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Tom Diefle**

(b) Address **Blue Springs Mo.**

17. (a) **Burial** (b) Date thereof **5-4-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lees Summit Cem -**

18. (a) Signature of funeral director **Fields Funeral Home**

(b) Address **Lees Summit Mo.**

19. (a) **5/3/41** (b) **Kathryn Lane**  
(Date received local registrar) (Registrar's signature)

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?  
**367** (Specify type of place)

23. Signature **Cliff L. Miller** (M. D. or \_\_\_\_\_)  
Address **Lees Summit Mo.** Date signed **5/2/41**

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

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**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.**