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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20655
Registrar's No. 2185

Registration District No. 399
Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution K.C. General Hospital No. 1
(d) Length of stay: In hospital or institution 15 days
In this community 28 Years

3. (a) PRINT FULL NAME Mrs. Julia Dibble
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Harry H. Dibble
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased January 13 1873

8. AGE: Years Months Days If less than one day
68 4 23 hr. min.

9. Birthplace Hannibal Missouri

10. Usual occupation Housewife

11. Industry or business -----

MOTHER FATHER { 12. Name Walker Henry
13. Birthplace Germany
14. Maiden name Moeck Carrie
15. Birthplace Germany

16. (a) Informant Mr. Harry H. Dibble
(b) Address 1222 Topping Avenue

17. (a) Burial (b) Date thereof June 7, 1941
(c) Place: burial or cremation H.H.H. MT. Moriah Cemetery

18. (a) Signature of funeral director D.W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd

19. (a) June 19 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1222 Topping
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 5th
year 1941 hour 2 minute 55 A. M.

21. I hereby certify that I attended the deceased from 5-21-41 to 6-5-41
that I last saw her alive on 6-5-41
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of fundus of uterus; encephalomalacia

Due to 40 B 6 P
Due to 48

Other conditions Diabetes mellitus (clinical)
Pulmonary embolism

Major findings:
Of operations -----
Of autopsy See above

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? -----
(d) Did injury occur in or about home, on farm, in industrial place, in public place? -----

While at work? (Specify type of place) (c) Means of injury -----
23. Signature Amey R. Thorn (M. D. or other) 0
Address Med. Dir. K.C. Gen. Hospital Date signed 6-5-41

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 *Emile M. Rehn*

Licensed Embalmer No. *3506*

P. O. Address *Ke 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.