

STANDARD CERTIFICATE OF DEATH

State File No. 23351

FILED AUG 12 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2862

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Children's Mercy Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo. - 14 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80  
(c) City or town Knobnoster - Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. near Dunksby  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Ruth Ann Dirck

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 wid

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 28 1939  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 5 1 hr. min.

9. Birthplace Pettis Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Noville W. Dirck

13. Birthplace Pettis Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Susille Winstan

15. Birthplace Pettis Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant: Noville Dirck

(b) Address Sa Monte, Mo

17. (a) Removal (b) Date thereof 7-31-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Grngs Mt. Zion

18. (a) Signature of funeral director R.C. Carter

(b) Address Forest Grngs Mt. Zion

19. (a) 7/29/42 (b) M. W. Brown  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1942 hour 30 minute a. M.

21. I hereby certify that I attended the deceased from 6-15-42 to 7-29 1942

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Brain Tumor

Due to Malignant 54B

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

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:

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature H. H. H. H. (M. D. or other) \_\_\_\_\_

Address 1624 Oldg Date signed \_\_\_\_\_

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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.....

*R. C. Carter*

Licensed Embalmer No.....

*3513*

P. O. Address.....

*Street 1000*

**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.**